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ABSTRACT

The purpose of this program is to simplify and objectify the process of data-gathering and behavior modification involved in diagnosing and treating stuttering and related dysfluency problems. Following an introduction, the assessment process is described; this involves a complete evaluation of the child's speech and language and an assessment of the family's lifestyle and environment. An intensive, 10-day intervention program is then presented, with daily therapeutic plans for both children's group sessions and parents' group sessions. The sessions emphasize brainstorming, therapeutic games, problem solving, discussions, parent/child agreements, and homework. To ensure maintenance of fluency, follow-up sessions are proposed. Appendixes include discussion guidelines, games and exercises, and completed sample pages from the companion workbooks for parents and children. The original workbooks, and the Assessment Booklet, are also included with this document. The complete program package also includes an audiocassette giving examples of fluency techniques. (PB)

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Assessment and Therapy Programme for Dysfluent Children

MANUAL

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ASSESSMENT AND THERAPY PROGRAMME FOR DYSFLUENT CHILDREN

Lena Rustin

Manual

These materials are presented in their original English form in order to preserve the integrity of the program.

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The Task Sheet (page 107) is excluded from this restriction, and is provided as a master sheet which may be photocopied and distributed to course members as required.

Please note that, for consistency of style, the pronoun "he" is used in this Manual and throughout the Assessment and Therapy Programme. The author does not wish to be considered sexist in her choice of the masculine pronoun, which was selected because stuttering is more common in boys than in girls.

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Dedication

In memory of my dear sister, Miriam Blank, M.D.

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I would like to express my grateful thanks to Willie Botterill for her invaluable contribution and encouragement in the setting up and recording of this programme; to Elaine Kelman for her organizational skills in managing the courses; to Melinda Sturges for developing the work in the children's group; to Armin Kuhr and Harry Purser for their continuing support; to Loraine Fordham, Frances Cook and all the speech therapists, parents and children who made this work possible; and to Sue Bourne who so patiently prepared the manuscript.

Lena Rustin
July 1987

1 Introduction

For many years, Wendell Johnson's diagnosogenic theory (Johnson, 1959) has been a major influence affecting the management of the young stuttering child. However, his adage 'leave stuttering children alone' has now lost credence in the light of new information (Wall and Myers, 1984). Current thinking supports the view that children who are at risk of becoming chronic stutterers should be identified and treated as soon as possible (Wall and Myers, 1984). Gregory (1984) states that '. . . treatment strategies are determined from the evaluation process, taking into account each child's specific needs.'

The gathering of accurate data is a challenging task, even for a skilful and experienced clinician. The purpose of this Programme is to simplify and objectify the data-gathering process without putting therapists into a clinical straitjacket that undermines their therapeutic creativity. It provides a quantitative and qualitative record of the strengths and weaknesses of the child and his family. It provides a foundation upon which a therapeutic approach can be constructed to tackle a specific set of problems – stuttering not necessarily being the only one.

Theoretical Background

An assessment and therapeutic procedure depends on the theoretical point of view (Fransella, 1970). Stuttering is a 'disorder of many theories' (Jonas, 1977). It has been viewed variously as an operant disorder, a prosodic disorder, a cognitive linguistic disorder, or a sequencing and timing or temporal programming disorder (Curlee and Perkins, 1984). We see stuttering not as a unitary phenomenon but as being determined, to varying degrees, by physiological and psychological factors with both genetic and environmental variables playing a part in its aetiology (Cooper, 1976; Gregory, 1986).

At the present time a pragmatic approach relying on the established facts seems to be most appropriate. During the last decade there has been a major resurgence of interest in neuro-physiological components of stuttering. Moore and Boberg (1987) present data accumulated through recent investigations which contribute compelling evidence of central nervous system (CNS) involvement in stuttering. Moore and Haynes (1980) show that there is more right hemisphere involvement in the speech of stutterers. The right hemisphere is an holistic processor which is not as well equipped as the left hemisphere to process segmental information – a capacity necessary for understanding and using language.

Research has demonstrated that stutterers are often somewhat delayed in speech and language development and tend to have early difficulties of articulation (Andrews *et al.*, 1983). It is well documented that there is a link between stuttering and discoordination of motor activity between and within the different sub-systems of the speech mechanism (Peters, 1986). These limitations of speech motor behaviour were taken into account when this Programme was constructed. It allows, where necessary, for intensive speech re-training.

Although no differences in personality factors have been demonstrated (Andrews *et al.*, 1983), stutterers show more difficulties with social adjustment (Prins, 1972; Rustin and Kuhr, 1983). From our experience, many young stutterers have difficulties in asserting themselves and managing social interactions successfully. These problems can persist into adolescent and adult life.

A programme was developed for the management of adolescent stutterers (Rustin, 1984), which contained a social skills component as well as speech re-training. A long-term study showed that the social skills element was beneficial to the transfer and maintenance of fluency.

In order to help young children develop their social skills, close cooperation with parents is of prime importance. Parents act as models for social interaction and are able to contribute to generalization outside therapy. For these reasons we decided to involve the parents by making them an integral part of the assessment procedure, planning of treatment and the treatment itself. Children operate within a family and are dependent on their parents and influenced by their decision making. Thus, therapy procedures that do not take the family into account are more likely to be sabotaged by family members. This could endanger the long-term benefits of treatment.

Bloodstein (1981) reports that a sizeable proportion of the parents of stutterers appear to be, in varying degrees, demanding, over-anxious or perfectionist in their child-training practices. Competitive pressure for achievement or conformity has been established as a contributing factor to the stuttering behaviour.

2 The Assessment Procedure

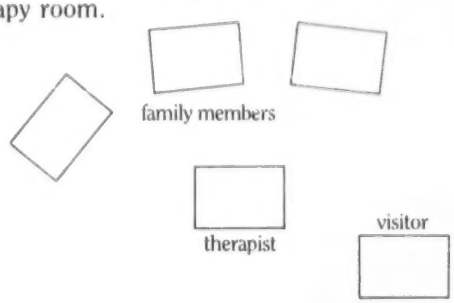
Note: the Assessment Booklet provided with the Programme contains both a Parental Interview and a pull-out Child Assessment and Interview procedure.

In order to make decisions regarding intervention procedures, a complete assessment of the child's speech and language is necessary, as well as an in-depth understanding of the family's lifestyle. The assessment plan addresses itself to both these issues. Both parents are seen together and the parental interview booklet is used to collate the information. The child is seen individually and the information is recorded on the pull-out assessment and child interview form. Where a therapist is working on her own, we recommend that the child be assessed first and that a second appointment is made for the parents to attend *without* the child for the parental interview. Parents should be told beforehand, by letter, that they will both be required for the assessment and that it will take from two to two-and-a-half hours. Where parents are separated or divorced, the custodian should be asked if she wishes the other parent to attend. It is sometimes appropriate for a common-law husband/wife to be involved in the interview; a single parent might wish to invite the child's grandparents, if appropriate.

The Parental Assessment

The aim of the parental interview is to evaluate the family systems and structure. The questions are therefore directed at gaining a broad range of information in order to understand the dysfluent child's place within the family and specific questions are asked which provide further insight into the problem. The standardized interview procedure is designed for use with parents of children from two years to school leaving age.

The seating should be arranged prior to the family entering the speech therapy room.



The interviewing therapist sits centrally opposite the family, so that good communication can be encouraged. Other people involved in the interview (such as a referring therapist or student therapist) should sit behind the interviewer so that eye contact will be maintained only with the interviewing therapist.

When the family are invited into the room it should be noted how they arrange themselves. Who sits where? How were the choices made? Does the child gravitate more towards one parent? Do the parents sit close together and isolate the child? Once the family is seated and the interviewer has introduced herself and her colleagues, the first question put to them is, 'Does [child's name] know why he is here today?' It is important that the therapist does not put the name 'stuttering' to the problem unless the parents have already done so. Some parents, particularly those of very young children, might not yet have placed a 'name' to the disrupted speech and the therapist should not confront them with the terminology at this early stage.

A description of the interview and assessment procedures is then given to the family. It is explained in the following way (and should be adapted according to the age of the child):

> This interview will take approximately two hours and I am going to talk to your parents while you go into the other room with [name colleague] who has some toys for you to play with and will tape-record your talking so you can help her analyse it. Now [child's name], let me show you your room.
>
> [Take the child to the second room with colleague.] If you want to say hello to your parents at any time, just come into the room to see them.

The therapist's manner should be relaxed and easy, and the rate of speech should not be too rapid.

Once the assessment of the child has started, the interview with the parents on their own should commence thus:

> We are here today to investigate (a) whether your child is stuttering or whether he has normal dysfluency and (b) if he needs speech therapy, and how we could best help him. In order to help you with your child's problem we need to understand how he fits into the family lifestyle with his stuttering behaviour. We will need to ask you some questions to gain this information. There is no evidence that parents' behaviour *causes* stuttering, although it might not be helping their child to become fluent. There are no right or wrong answers to the questions and we would just like you to answer them truthfully. Sometimes you will disagree between you about the answers and that is fine. If there are any questions you do not wish to answer, please feel free to tell me and I will respect this – are you happy about this?

The parents should be put at their ease and encouraged to feel relaxed and comfortable about the ensuing exploration.

Throughout, the therapist should be careful not to suggest that blame is being placed on the family or to engender feelings of guilt. Questions should be asked in a relaxed, open-ended manner; for example, 'Tell me in your own words what you think the problem is?'

It is important that *both* parents participate and the therapist must use her skills to bring this about as sometimes one parent tries to dominate. The therapist needs to have good listening skills and, at the same time, has to observe carefully how the parents interact with each other.

The Parental Interview*

Present Complaint

Both parents are asked about the nature of the problem. We are interested to see if they have put a name to it – 'stuttering' – or whether they call it something else, do they say, for example, 'He doesn't talk properly'. We then ask if the child has any other problems. These could be wide-ranging, from bed-wetting to a severe behaviour problem. We would then paraphrase the problems back to the parents and ask them, 'of all these problems, which one would you like to deal with first?'

Parents normally state that the stuttering problem is their first concern; however, some parents are more concerned about another issue. This should be borne in mind during the interview, as it may have implications regarding the recommendations that will be made later.

Detailed Description of Stuttering

Parents are asked to describe the dysfluent behaviour, which could include whole word repetitions, part-word repetitions, prolongations, struggle and any other behaviours.

A series of questions is then asked to gain information regarding onset, frequency, severity and context. The therapist explores how the parents and family react to the stuttering behaviour and how they deal with it. This gives the therapist information about how objective the parents are about the problem and how important it is in relation to their family life. Conture (1982) observed that the less objectively the parents are able to describe the problem, the less favourable the prognosis.

Recent Behaviour and Emotional State

1 General health On the basis of this information, further referrals might have to be made, especially if there are any hearing difficulties.

2 Eating, sleeping, elimination It is necessary to ascertain any particular problems in these areas as it will indicate how parents deal

*Please refer to the Parental Interview section of the Assessment Booklet.

with emotive disruptors in the family. If the child has an eating problem, for example, and the parents do not deal with it successfully, it might point to disruptive behaviour being a distractor in the family setting (Minuchin, 1974).

3 Muscular system and concentration These questions investigate the possibility of neurological dysfunction or hyperactivity. Some further investigations might be required from the psychologist, neurologist or even the allergist.

4 Speech If the child has problems in this area, it will indicate that a full speech or language investigation should be conducted. Studies have shown that stutterers are around six months late in their speech milestones and are three times more likely to present with articulation disorders than non-stutterers (Andrews *et al.*, 1983).

5 Tics and mannerisms This information gives an indication of immature behaviour or emotional disturbance, which could cause parental anxiety or irritation.

6 Attack disorders If there is a history of attack disorders, it would be necessary to seek a neurological investigation.

7 Emotions These questions elicit important information regarding the emotional state of the child and will help the therapist to understand in what respects the stuttering might be a reinforced behaviour.

8 Peer relationships This section helps us to understand the child's ability to establish friendships and whether the stuttering affects this. Many stuttering children experience teasing from their siblings and peers. It is important to ascertain how the family deals with this problem.

9 Relationship with siblings We now explore how the child relates to his siblings. A record should be made of the names and ages of the brothers and sisters. Problems with siblings can affect the management of the stuttering child.

10 Relationship with adults Parents are asked individually how each of them 'gets on' with the stuttering child and which of their children they relate to more easily. This section continues to contribute to the therapist's understanding of how the stuttering child fits into the family structure. The therapist must continually bear in mind the changes that might be produced in the family systems when the child's speech improves.

11 Anti-social trends Some of these questions are not applicable to the very young child. However, stealing and telling lies are quite common among young children and it is pertinent to know how parents deal with these behaviours. It is necessary to ask all the questions for children above seven years.

12 Sex education Some therapists might find these questions difficult to ask but we need to know if the parents themselves are involved in the child's sex education and whether they are able to talk about it comfortably.

13 Schooling A complete description of all nursery and school placements should be obtained. We also need to ascertain whether the child has any learning difficulties.

Family structure and history

This is the core of the interview procedure, and deals with personal details of the parents' lives. The questions should continue to be delivered in a matter-of-fact style and the therapist should *be accepting* of whatever information is given, even if she finds it distressing.

Previous marriages We need to know about any previous marriages and to enquire into the length of the relationship, whether there are any children and if so, who has custody of them. Sometimes one parent has been involved in an extremely unhappy, even violent, relationship which could have a positive or a negative effect on the present marriage.

Previous pregnancies The mother's previous pregnancies and their outcomes need to be known. For example, we interviewed a family where the mother reported an abortion, prior to the conception of the stuttering child. The abortion was carried out at the husband's request as he was a student and financially insecure, but the mother was still angry with him and extremely over-protective of the stuttering child.

Personal background The next set of questions should be addressed separately to each parent. Knowing the parents' place of birth and religion helps us understand if they come from a similar background or whether there are cultural differences that the therapist will need to consider. We are interested to know if the parents' occupations are causing stress within the family. If the mother is working full-time, how is this affecting her life at home? How is she satisfying her own needs as well as those of the rest of the family? Did the parents have a similar education? How old were they when they left school; do they

have any qualifications (including 'O' and 'A' levels); did they have any further education on leaving school? Do they enjoy good health or do either of them have physical problems that need special attention and that could cause stresses in the family (for example severe asthma, diabetes)?

Description of personality This is usually addressed to the mother first – 'What sort of person are you? Tell me about yourself.' If she turns to her husband saying, 'I don't know, *you* tell her for me', gently lead it back to the mother saying, for example, 'no, his turn will come, you tell me what you know about yourself.'

We need to know how the mother sees herself. Is she affectionate, moody, quick-tempered, easy going? Does she like things in order, have a sense of humour, etc? When the mother has finished her self-description, the therapist should paraphrase the statements she has made and ask her if she wishes to add anything. The therapist then asks the husband if he thinks she has described herself accurately and if he wants to add anything. The husband might say, for example, 'Yes, that's how she is, but she is also very stubborn'. The therapist then asks the father the same questions to ascertain how he sees himself, and the mother is then asked if she agrees with his description and if she would like to add anything.

Emotional problems It is relevant to know of any current or past emotional problems they have experienced and whether professional help was sought. Some parents will have a history of stuttering, and it is well documented that there is an inherited predisposition to this disorder (Bloodstein, 1981). Details of treatment, whether successful or unsuccessful, will have a bearing on their views of intervention.

The questions regarding enuresis, alcoholism, epilepsy and court appearance need to be asked in order to give a detailed picture as the information might not otherwise be divulged.

Parents' family background We are concerned with the background of the parents and the role the grandparents play in the family structure. A record should be made of the age and occupation of the grandparents. In the event of any of the grandparents having died, details including date, age and cause of death should be noted. The way parents have dealt with the loss is also relevant. The child's relationship and contact with his grandparents is explored.

Extended family issues Each parent is asked questions about their siblings and their own upbringing. These questions apply to *close* relatives, that is, brothers, sisters, aunts, uncles, cousins, nieces and nephews; for example, 'Has anyone on either side of your family had psychiatric treatment?' If the answer is 'Yes' the therapist should ask 'What was the problem?', 'How was it resolved?' All questions should be asked in the order presented. It is interesting to note that although

court appearances usually involve motoring offences, we have seen families who were involved in court cases concerned with violence and murder.

Home circumstances

The next series of questions deals with the actual home environment and how sleeping arrangements are organized in the family household. If the family are having financial difficulties, the therapist will need to explore how they are dealing with the problem.

Sometimes the neighbourhood can affect the parents' management of the children. A family living in a deprived and violent district of London, for example, were unable to allow the children to go anywhere unescorted, as they were frightened of the consequences.

Family life and relationships

Parent relationships In this section, we explore the relationship of the parents, how they spend their time together and whether the father participates in the care of the children or household tasks. Therapists should note that fathers in some ethnic groups are not expected to be involved in household tasks.

Parent-child interaction The aim of this section is to explore activities the child enjoys and to find out to what extent the parents involve themselves with the child. It gives an idea of the *quality* as well as the *quantity* of time the parents spend with the child.

Child's participation in family activities These questions determine whether a child needs assistance in daily functioning (such as dressing and eating) and, if so, who provides this help. This information guides us to the child's level of independence and whether he is allowed to experiment with household tasks.

Family pattern of relationships Here, we explore whether the child has a closer relationship with one parent rather than the other, and whether he is able to confide in them. Some children do not confide in their parents for a variety of reasons which may need to be investigated further.

It is interesting to note that some children have strong attachments to grandparents and adult relations, while others do not.

Discipline We learn from this section what restrictions are placed on the child and how the parents control his behaviour. Sometimes it is the child who successfully controls the parents! Difficulties often emerge here that will not only be significant in decisions regarding therapy but might also need to be addressed in a family discussion at a later date.

Child's developmental history

All the questions in this section help us to understand the development of the child from birth. We are particularly concerned with early feeding patterns and the establishment of the mother/child relationship. Wakaba (1986) reports that a large number of mothers of stuttering children that she interviewed had a very poor relationship with their child in the first year of life. If the child has been a hospital in-patient at any time, we need to know how he was managed and whether either parent stayed in the hospital with him. Separations are often reported, particularly, in some ethnic groups, where young children are sent to stay with their grandparents in the country of origin for long periods of time. They then have to adjust to a different lifestyle when they return to their parents.

Temperamental or personality attributes

This section explores how the child reacts to a variety of situations and helps us to discover whether he is flexible and adaptable. The question 'How would life be different if he didn't stutter?' is extremely pertinent. If fluency did not bring about positive change one might consider that there could be motivation problems on the part of either the child or parents. This also elicits any unrealistic notions that the parents may have regarding fluency; for example, the belief that if the child were fluent, he would be top of the class. We need to understand what strategies the family has evolved to deal with the problems. A note should be made of the rate of the parents' speech, as they might need to modify their speech rate to be a better model for the child.

Having completed the questioning, the therapist should give the parents a short overview of facts known about stuttering:

In most cases, no specific reason can be found for stuttering. It continues to confound us. There is no one 'cure' for all stutterers – hence the necessity to recognize that each is unique, and treatment needs to be worked out individually. Research has shown that:

(a) The predisposition to stutter is inherited, therefore stuttering may run in families.
(b) Stuttering is, in the main, a disorder of childhood: onset is usually between two and five years of age.
(c) Boys are affected more than girls.
(d) Stutterers as a group are slightly less skilful with their speech motor processes – therefore, the faster they try to talk the more likely they are to stutter. This means they need more time to coordinate all the muscles involved in speaking.
(e) It is reported in all cultures and in all social groups.
(f) Although no differences in personality factors are demonstrated among stutterers, they do show more difficulties with social adjustment.

(g) Chances of overcoming stuttering are quite high in children and many have been shown to 'cure' themselves. We are, therefore, trying to work out how we (parents and therapist) can help him to help himself.

The Child Assessment

The aims of the child assessment are:

1 To assess the *amount and type of dysfluency* present. The formal fluency assessment procedures should be used for children of three and a half years upwards. A more informal assessment will be required for children under three and a half years old, involving a tape-recorded sample of the child's speech during play.

2 To explore *the dysfluent child's attitudes and feelings* towards himself, his speech and any other significant issues in his everyday life. The Child Interview form in the Assessment Booklet provides a framework for this exploration.

3 To experiment with various *ways of modifying the child's stuttering behaviour.* This will indicate the type of intervention procedures that are recommended to achieve fluency.

4 To identify *any other problems* which require further investigation; for example phonological and language assessment, hearing tests and psychological assessments.

1 Fluency Assessment

The therapist requires the following equipment:-

(a) The pull-out Child Assessment Booklet (including the Initial Assessment Form)
(b) A stopwatch with a facility for accumulating time
(c) A tally counter
(d) A tape recorder
(e) A range of reading materials at or below the estimated reading age of the child
(f) Ten easily-identified, single-object pictures
(g) A calculator.

The stopwatch

The therapist records only the child's talking time for each task and writes this on the form. The stopwatch is then reset for the next task.

The tally counter

The tally counter is used to count stuttered words (S/W) during the assessment and total number of words spoken (W/S) at the end of the assessment from the tape recording. It is important that there is reliability and consistency in determing the occurrence of stuttered words. Inter-rater reliability should be reviewed at intervals where therapists are working together.

The tape recorder

The whole assessment should be tape recorded so that a total word count can be obtained. This is necessary in order to calculate the percentage of stuttered words.

In the case of the younger child, who may not be able to complete a full assessment, a sample of two minutes' monologue and conversation should be recorded during play.

Reading material

The reading materials provided should be at, or below, the reading age of the child. This ensures that reading difficulties are not being confused with the stuttering behaviour. It may be important at a later stage to investigate the child's reading skills.

Initial assessment form

The assessment looks at several different speaking tasks, ranging from linguistically undemanding automatic and echoic speech, to communicatively stressful and linguistically complex questioning and conversation tasks.

The therapist should adapt the materials to the age and maturity of the child and should involve the child in the process of assessment by explaining the use of the equipment. Each section should be completed in the order set out on the assessment form.*

The child is instructed in the task at the beginning of each section. The therapist notes the child's total talking time for that section on the stopwatch and counts the stuttered words on the tally counter. These are then recorded in the boxes provided.

1 Automatic speech This task is usually completed without problems. We have noted that children who stutter a great deal on this task are those with a more severe problem.

2 Echoic speech Children who have difficulty with the polysyllabic words may have general oral motor dysfunction or difficulties with auditory memory and/or sequencing problems: this should be noted.

3 Reading This section should be omitted for younger children, or children with reading problems.

4 Naming pictures The pictures should be familiar, everyday objects that young children can easily identify.

5 Monologue The child should be instructed in the following way:

> I would like you to talk about anything you like for two minutes. I will tell you when the two minutes are completed. If you stop, I will wait until you have thought of something else to say. Can you think of something to talk about?

Most children will respond easily if given time. In the event that they cannot start the task, the therapist might suggest topics such as describing their school, home, pets, holiday, or favourite TV programmes.

* Refer to the Initial Assessment Form on the centre page of the (Child) Assessment Booklet: the Fluency Measurement Sheet is used later (see pp. 23, 71).

6 Questions Many children have difficulty asking questions. The therapist should encourage them by either reminding them of the questions that they have just been asked or simply by saying, 'What would you like to know about me?'

7 Conversation This task should be made as realistic as possible. The therapist should ask questions, interrupt and make comments appropriately, to see how the speech is affected by normal communicative stresses.

Remarks Notes should be made here of any other behaviours that are relevant; for example, concomitant physical movements, poor eye contact, word avoidance, circumlocution, breathing changes.

Totals At the end of the speech assessment, the number of words spoken for each section should be placed in the appropriate box. The figures for TIME, STUTTERED WORDS, and WORDS SPOKEN should then be totalled. The total time in seconds should then be converted to minutes and seconds expressed as a decimal; for example:

> 324 seconds divided by 60 = 5 minutes and 24 seconds. Using the round-up rules at the bottom of the form, 24 seconds is expressed as 0.50. The time is therefore 5.5 minutes.

Summary of assessments

Type of stuttered words The type of stuttering (Ryan, 1974) exhibited by the child should be evaluated according to the following criteria and marked on the form accordingly:

W/W – whole word repetition

P/W – part word repetition

P – prolongation

S – struggle behaviour (including blocks)

O – other behaviour considered to be part of the stuttering

The results are calculated as follows:

Stuttered words per minute: SW/M

This is obtained by dividing the total number of stuttered words by the total time.

EXAMPLE $\frac{\text{total SW:20}}{\text{total time: 5}} = 4 \text{ SW/M}$

Percentage of stuttered words: % SW
This is obtained by dividing the total stuttered words by the total words spoken and multiplying by 100

EXAMPLE $\frac{\text{total SW:20}}{\text{total WS:500}} = \text{x } \frac{100}{1}$ 4% SW

Words spoken per minute: WS/M
This is obtained by dividing the total words spoken by the total time

EXAMPLE $\frac{\text{total WS:500}}{\text{total time: 5}} = 100$ WS/M

2 The Child Interview*

Throughout the interview the therapist should ask open-ended questions, appropriate to the age and maturity of the child. Where possible, the interview should be conducted as a conversation. For example, 'Tell me about your school', 'What about the teachers, tell me about them', 'What sort of things do you do there?'

(a) School
This deals with the child's view of his school, the teachers, his friends and the subjects with which he is involved. Some children are reluctant to discuss these topics and it may be necessary to ask several related questions. For example, 'Tell me about your friends. . . What are their names? . . . What sort of things do you do with them? . . . Who do you sit next to in class? . . . What happens at playtime?' It is important to understand how the child is coping with his speech in a variety of different settings.

(b) Home
The child is asked to describe his relationship with other family members. Questions such as, 'Tell me about your Mummy/Daddy/ sisters. . . What are they like? . . . What sort of things do you do with them?' should be asked. Note should be made of how the child spends his time at home, what activities he has outside the home and whether there are any pets.

(c) Speech
This section is directed at the child's metalinguistic awareness. The first question, 'Why do you think you have come here today?', provides insight into how the child views his communication difficulty and whether he has put a name to it. Some children describe the problem very clearly, 'My words get stuck', while others may not see themselves as having a problem at all.

*Please refer to the Child Interview Form in the pull-out section of the Assessment Booklet.

The next question, 'Tell me about your speech', invites further discussion of the problem as the child views it. The discussion should cover time of onset, the child's description of his stutter and the times when his speech is likely to be most and least disrupted. It is thought that the more objective the child can be about his stuttering the better the prognosis (Contour, 1982).

Further questions consider what the child can already do to help himself and whether he wants to be involved in therapy. In our experience even very young children are able to cooperate with this section.

The last question, 'How would your life be different if you didn't stutter?', looks at any possible advantages or disadvantages there might be to the stuttering behaviour. For example, an advantage might be not having to read aloud in class; a disadvantage might be that he is not included in the school play.

(d) Concepts

This looks at the wider issues in the child's life, such as his strategies (or lack of them) for dealing with problems and his motivation for change. One child, when asked, 'If there was one thing you could change in your life, what would it be?' replied that he would like a bedroom of his own. It was an important issue to resolve as part of the overall management of this child.

Following the questioning of the child, the therapist should carefully complete the last two items in this section, *Description of child* and *Description of child's reaction to interview.* These notes will help the therapist clarify the observations she has made during the interview.

3 Modification of Stuttering Behaviour*

If the child is exhibiting stuttering behaviour the therapist should experiment with various ways of helping the child to achieve fluency.

Our aim is to find the most effective and least disruptive technique that will allow the child's fluency to predominate where possible. The therapist can experiment with any of the following:

1 Modify her own rate of speech and observe whether this has any effect on the child's stuttering behaviour.
2 Ask the child to take his time and, when he is ready, to say a sentence fluently. This will show whether the child has any strategies of his own for achieving fluency.
3 Instruct the child to say one word or name one object fluently. This reduces the linguistic complexity of his utterances and may contribute to fluency. If he is successful, then continue by:
   (a) increasing the number of words, for example, 'cat, dog'
   (b) asking the child to say a short phrase, for example, 'a brown car'
   (c) asking the child to say a short sentence, for example 'I'm sitting

*Refer to audio tape, supplied with the Programme, for examples of modified speech technique.

down'. Therapists can give examples, but the child should create his own words, phrases and sentences.

4 Model an utterance (a short phrase or a sentence) at a slow rate of speech, for the child to copy. It may be necessary to reduce the linguistic complexity to one word if the above is unsuccessful. This looks at the effect a slow rate has on the child's stuttering behaviour.
5 Model easy onset of speech in a short phrase softening the contact at the beginning of an utterance.
6 Combine easy onset with a slow rate and flowing words together.
7 Model soft contacts for all consonant sounds, particularly plosives.
8 Combine 5, 6, and 7, as in smooth speech technique.
9 Whispered speech (Shine, 1980).
10 Any combination of the above.

The therapist and child should work together to discover the easiest and most acceptable fluency technique. The child who can learn for himself the most effective way of controlling his speech is more likely to attain eventual fluency (Sheehan and Martyn, 1967).

4 Further Investigations

From this Initial Assessment and Child Interview procedure, the therapist can determine whether further investigation for other speech and language problems is necessary. Referrals to other professionals may also be appropriate; a child may, for example, need to be referred to a psychologist, neurologist or audiologist.

The Child Assessment and Parental Interview helps therapists to look at family dynamics as well as linguistic, cognitive, psychosocial and neurological aspects of the child himself. Any decisions regarding treatment programmes must take all these factors into account and should be made in accordance with the family lifestyle. Each individual stutterer has a unique profile of strengths and weaknesses, and therapy should address itself to the specific pattern of needs.

A special note should be made of children who are at risk of developing stuttering. Information from the Parental Interview will alert the therapist to:

(a) Any family history of stuttering, particularly where a male child has a stuttering mother (Kidd, 1980).
(b) Family pressures, high expectations, sibling rivalry (Bloodstein, 1981).
(c) Other speech and language problems (Andrews *et al.*, 1983).

One or all of these factors would affect the decision regarding the type of intervention.

Normal Non-Fluency or Early Stuttering?

Making this differential diagnosis is seen by many as being problematic and controversial (Hayhow, 1983). However, the speech of stuttering children is quantitatively and qualitatively different from non-stutterers (Adams, 1980; Culp, 1984). Meyers (1986) found that

stutterers had more part-word repetitions, prolongations and tense pauses. Non-stuttering children showed more whole-word repetitions and revisions. Gregory (1986) describes dysfluencies in terms of a continuum, ranging from the more typical dysfluencies to atypical behaviours.

The following criteria have been identified by other researchers as indicators of early stuttering:

1 Prolongation – if this category exceeds 25 per cent of the dysfluency total (Caruso and Conture, 1985).
2 Errors of articulation (Riley and Riley, 1984).
3 Struggle behaviour – the likelihood of chronic stuttering increases with the amount of effort that a child puts into speech production (Starkweather, 1985).
4 The presence of the 'Schwa' vowel in syllable repetitions is considered by some to indicate the probability of stuttering developing into a persistent problem (Van Riper, 1971).

With these points in mind, the differential diagnosis must be made before considering intervention strategies. This should be based on information from the child and parent interviews and from the child's speech sample.

Guidelines for Intervention

All dysfluent children and their parents will be involved in one of three intervention programmes. A flexible approach to these three main categories is essential to allow for any changes that might occur.

1 Parent counselling only

(a) This would be appropriate in families where:

(i) The child's speech falls into the range of normal non-fluency;
(ii) There are no associated phonological or language difficulties;
(iii) The interview did not reveal any significant difficulties within the family.

Although these children do not show evidence of being at risk of developing stuttering, the parents are usually anxious and need time to discuss their fears about the child and his speech. It is also important for them to understand the nature of speech and language development and the role of normal non-fluency. The family is counselled along these lines and other related issues may also be discussed (for example, sibling rivalry, discipline, and so on). The family is followed up to ensure that the child's speech is progressing as predicted.

(b) This may also be appropriate where there are other major concerns within the family, such as moving house, break-up of the parents' marriage, death of a close relative. In some cases, the

speech problem can become the focus of the family's attention, detracting from the real issue at stake. The family may need help in resolving the real issues before attention can be redirected to the stuttering problem. Referral to other professionals may also need to be considered; for example, family therapy, marriage guidance or psychotherapy may be necessary. Where other professionals are involved, it is essential that the speech therapist work with them towards a resolution of the problem. For example, a family was referred where the mother required psychiatric treatment. Her problem was causing her to sabotage her child's therapy, thus close liaison was necessary with her psychiatrist to enable speech therapy for the child to be productive.

2 Working with the parents and the child
This would be recommended where:

(a) the child presents as normally non-fluent, but information gathered during the interview indicates the child could be at risk of developing stuttering.
(b) the child is exhibiting prolongations and some struggle behaviour (early stuttering) but is showing little or no concern about it.

Parents and child attend together. Therapy would involve the parents in the counselling procedures already described and, in addition, address issues such as the nature of stuttering, fluency disruptors (too many questions, time pressure, for example) and alternative ways of managing the dysfluent child. Parents and children are involved in making small changes in their interaction with each other in order to establish strategies that facilitate the child's fluency. Video recording of parents' interactions with their child provides valuable instant feedback. It helps the parents to evaluate the changes for themselves and accelerates the therapy process (Rustin, 1987).

3 Direct intervention with the stuttering child
This would be recommended where:

(a) the child is stuttering, is concerned about it and is seeking remediation.
(b) parents are concerned about their stuttering child.

The selection of an appropriate programme will depend on:

(i) the age of the stuttering child;
(ii) the severity of the stutter;
(iii) the ability of parents to commit themselves to the therapy process.

The choice of programme will be further affected by whether the child would be better served by (A) intensive or non-intensive therapy or (B) individual or group therapy.

The programme described here is a two-week group intensive programme with parental involvement, designed for children between the ages of seven and 11 years, attending primary school. It can also be adapted for use on a weekly basis with individual families (see p.69).

Where families or children cannot be accommodated within this framework, other published programmes should be considered (for example, Riley and Riley, Shine, Cooper, Ryan). The individual requirements of these programmes may be more appropriate in some cases. For example, the *Monterey Fluency Programme* (Ryan, 1974) might benefit a child who is willing to take responsibility for his own therapy, and whose parents are unwilling or unable to participate in the treatment.

The therapist should select the intervention strategy that is most appropriate for the child within the context of his family.

Summary and Interpretation of the Assessments

The successful conclusion of the interview depends on the therapist correctly identifying the important issues for the family and the child. Initially, positive statements should be made to the parents about the whole family: for example, 'The impression I have is that you are a close family, you relate to each other well and are able to spend time together'. The areas of difficulty should then be suggested: for example, 'However, your own experience of stuttering (brother/mother) makes it particularly hard for you to manage this dysfluent child'.

As a result of this discussion, recommendations should be made regarding appropriate intervention strategies and their rationale (see above). For example, 'It will be important for *you* to be involved in the therapy for your child, to help you to find a more satisfactory way of coping with his dysfluency.'

Talking Time

Finally, the parents are assigned a task to be completed prior to treatment. The task which is negotiated with each parent before they leave is called 'Talking Time' and is designed to discover whether they are able to make the commitment necessary for therapy. This is the *parents'* task; the child will be asked if he will help them with it.

Each parent makes a commitment to spend three, four or five minutes four, five, six or seven times during the week. It is important that the parents are asked *individually* to make their commitment and that they are advised to make their choice at a *realistic* level; it can always be increased.

Parents are instructed that 'Talking Time' is their task and they will have to ask their child to help them with it. The child must agree to do this and it may be necessary to negotiate a convenient time with him. When he agrees to help, parents should instruct the child to find something he would like to play with. This should be his choice; he may, for example, choose to play with garage, lego, dolls, painting or drawing, but may *not* choose reading or TV.

When he has chosen his toy he should be taken into a room, on his own, with whichever parent is doing 'Talking Time' and the door should be closed.

The Talking Time should be timed. The parents' job is to encourage the child to talk by joining in with the activity. They should not make any demands or comment on the child's speech. They should concentrate on the child and listen carefully to *what* he is saying, not *how* he is speaking. When the chosen time is completed, the parent should thank the child for helping him to complete the homework. Keeping to the agreed time is an important aspect of the task.

Each parent should then write down on a Task Sheet that the task has been completed, and that they have thanked the child, making a few comments on how they felt about doing it.

The purpose of Talking Time is:

(a) to see if parents can make and keep a commitment;
(b) to teach parents and child about time, and about setting limits and keeping to them;
(c) to take the pressure off the child by making it the parents' task and not the child's;
(d) to teach the parents that it is the quality of time given to the child, not quantity that counts;
(e) to assist the relationship between parent and child;
(f) to give attention to the child that is not contingent on his stuttering.

Any problems in completing this task should be discussed fully with the parents and the child, and the Talking Time renegotiated. If the arrangement continues to be unsuccessful, the parents' commitment to helping the child to become fluent must be questioned. Although it is possible that therapy might be contraindicated, the parents should be encouraged to return when they feel able to make the necessary commitment.

The commencement of therapy should be contingent upon the successful completion of the Talking Time task, because this continues throughout the therapy process.

3 Intensive Course Procedure

Introduction

Aims of the Course

1 To lay the *foundations* for fluency. This involves:

(a) *Identification* of the child's stuttering behaviour and its effect upon the family. This leads to a greater understanding of the problem for all concerned.
(b) *Modification* of the child's stuttering behaviour and his awareness of himself and others.

2 To create the *environment* for fluency. This involves *identification* and *modification* of the ways in which parents and children can make changes in their environment that will facilitate long-term fluency.

Criteria for Acceptance on the Intensive Course

Past experience has shown certain criteria to be essential to the effectiveness of the course.

1 Attendance
Ideally, both parents should attend with the child for two weeks on a daily basis from 10.00 a.m. to 3.00 p.m. In the event of this commitment being impossible, one parent should attend daily and the partner should participate for a minimum of five days – four of those being during the first week, and always including the first day. Parents who are not full-time members of the group may have difficulties integrating and may attempt to sabotage the group or their partners. Such problems can be avoided when both parents attend daily. Single parents must make a commitment to attend the course full-time and are encouraged to invite another carer where appropriate (a long-standing partner or a grandparent, for example).

2 Language skills
Participants should have a good basic understanding of the English language in order to benefit from, and function within the group.

3 Follow-up
Parents must make a commitment to participate in follow-up sessions at six weeks, six months and twelve months following the course. Many parents will assume that their commitment is limited to the two-week course unless it is clearly stated otherwise.

4 Child's attitude and motivation
The child should be able to express a desire for help with his speech as the programme is aimed at 'helping children help themselves'.

5 Age
The child should be between seven and 11 years of age, and attending primary school.

If any of these requirements cannot be met, the success of the programme may be severely jeopardized.

Organization of the Course

1 Accommodation

A minimum of five to six rooms is required. School premises seem to be the most appropriate accommodation for the course in order to meet the following requirements:

one room for the staff
one room for the children's group
one room for the parents' group
one room for parents' own use
one room for assessments or family sessions.

2 Staffing

Three speech therapists are required to run a group of six to eight children in order to allow time for assessments and individual treatment. Speech therapy students should be used where available as this provides extra help for the group leaders and is a valuable teaching environment (Mallard *et al.*, 1986).

Two experienced therapists are required to run a group of 12 to 16 parents. Training sessions for therapists and students prior to the course make a valuable contribution to the smooth running of the course.

3 Equipment

The following basic equipment is required:

- Parents' Workbooks
- Children's Workbooks
- Assessment Booklets
- Task Sheets

} provided with Programme

(photocopy master at back of the Manual, p.107)

- Audio tape recorder and cassettes
- Stopwatches
- Tally counters
- Calculators
- Pencils, paper, exercise books
- Variety of reading materials for all ages

- Pictures for labelling and description
- Video system and video tapes
- Delayed auditory feedback (DAF) machines
- Relaxometer

4 Correspondence

Once a child has been offered a place on the course, a letter is written to the parents giving full administrative details (including dates, address and time) and setting out the commitment that will be required from them. This letter should have a tear-off slip, to be signed by the parents and returned to the therapist.

Course Assessments

1 Fluency Measurement*

Assessments of the child's fluency are carried out on the first and last day of the course and at intervals following the course. The procedure used for this purpose is an adaptation of the Initial Assessment, used at the interview.

A two-minute sample of reading, monologue and conversation is tape recorded; stuttered words, and words spoken, are counted and recorded. Assessments on the first day of the course and at subsequent follow-ups should be carried out before any therapy input takes place. In each instance the assessor should be different, and inter-tester reliability should be monitored. The two-minute conversation is videoed and will be used at a later stage to demonstrate the progress that has been made.

Calculations should be made of the number of stuttered words per minute, the percentage of stuttered words and rate of words spoken per minute. The therapist should also record on the sheet the type of stuttering behaviour – whole word repetitions (W/W), part-word repetitions (P/W), prolongations (P), struggle behaviour (S), other (O). This information may be significant as some children do not make progress in terms of the *percentage* of stuttered words but may progress in terms of *type* of stuttering. A change from struggle behaviour to part-word repetitions would be highly significant.

Comments should be made on any other relevant information, (such as social skills, use of speech control, tension and so on).

2 Character Sketches

Kelly (1955) suggested that if you want to know something about someone, you should ask them. He devised an exercise called the 'self-characterization' procedure. This involves inviting the person to write down what he believes to be meaningful about himself. Kelly's instructions were carefully worded as follows:

I want you to write a character sketch of (name of person, e.g. Harry) just as if he were the principle character in a play. Write it as it might be written by a friend who knew him very intimately and very

*Please refer to the Fluency Measurement form in the centre of the Child Assessment booklet

sympathetically, perhaps better than anyone ever really could know him. Be sure to write it in the third person; for example, start by saying, 'Harry is . . .'

The parents are asked to write a self-characterization using the above instructions on the first day of the course. The purpose of this exercise is to give us some insight into how they see themselves and their personal world. This helps the therapist to understand some of the personal issues of the group members.

The parents are also instructed to write a character sketch of their stuttering child. We wish to understand how the parents view the child and his difficulties.

Principles of Parents' Group Management

1 Group Gelling

The success of any group is largely dependent on its cohesion. It is essential that individuals, who may be from widely differing economic, cultural and religious groups, are helped to function as a whole. Common links between the group members need to be established during the first day, creating the foundations for mutual support.

The crux of the therapeutic process in a group depends on its members being able to share their feelings with each other and to air their views. This is achieved through a combination of group gelling games, large and small group discussions, and time allocated for the group members to interact without the therapists present.

During therapy sessions the group should be seated on chairs in a circle. The therapists (and any students or visitors to the group) should be scattered among the parents. It is important that a circle is re-formed following each exercise or the group cohesion will be lost.

New members and visitors should be introduced to the group and their role explained.

2 Leadership

The groups are run democratically (Heap, 1977). The aim is to generate an atmosphere of shared responsibility between the two therapists and the participants. Time is allowed for discussion of topics in small groups, before the large group meets with the therapists. Thus, the therapist acts as facilitator to the growing self-reliance of the group. In this way, the 'group' becomes a highly creative medium for generating alternatives to a situation and the 'individuals' select what is appropriate to their own circumstances. Co-leadership of a group of this nature is very productive, both for the therapists and the group members.

3 Homework Tasks

Homework is an important part of the structure of the day and is designed to provide discussion material. Homework tasks are set at the end of each day and are written on a task sheet. The first activity each morning is to report back on the completed homework tasks.

4 Insight

It is important for the parents to understand the rationale of the various exercises and to be given the opportunity to discuss the issues involved at each stage in the therapy process.

5 Commitment to the Group

Individuals who are not truly committed to the group may demonstrate this in various ways: by being late for meetings, by not keeping to their commitment or by failing to complete homework tasks. This type of behaviour, if allowed to continue, could sabotage the whole group. It is important, therefore, to deal with it immediately. This can be done in two ways:

(a) Addressing the problem to the group, who will decide how it should be managed.
(b) The parents concerned should be given time to discuss the problem with a therapist before the end of the day and a suitable solution agreed.

Parents' Workbooks

The Workbooks serve as a concrete reminder of the events of the course. The main topics are highlighted and the parents are encouraged to record these, noting in particular the issues relevant to their own families. The Workbooks become a personal, and therefore meaningful, record of the course. Please see Appendix III for an example of a completed Workbook.

The format provides a sequence of observation, listening, turn-taking, making positive statements, problem-solving, family sessions, relaxation and fluency training. However, every group has different needs and the therapists should feel able to be flexible within the structure provided. For example, a very anxious group may benefit from the relaxation module at an earlier stage than planned.

Daily Activities

A day plan is outlined for each day of the course and a full description is given for each new topic presented.

Principles of Children's Group Management

1 Insight

A fundamental principle of this course is the development of the child's own insight into his problem and what *he* can do about it. The children are introduced to new concepts and techniques by eliciting their own ideas, helping them to explore and modify them and using these as a

basis for teaching. This method of drawing information *from* the children, rather than presenting it *to* them, helps them to help themselves.

2 Group Gelling

Although children may settle and participate more readily than adults in a group of strangers, it is nevertheless important to encourage group cohesion. Group gelling games and exercises facilitate this process. Often there is only one girl in a group of six to seven boys, and therapists should be sensitive to the specific needs and problems which this situation presents. For group activities the children and therapists should sit on chairs in a circle. Any visitors to the group are then incorporated into the circle.

3 Structure of the Day

Careful structuring of therapy sessions is important, especially where younger children are concerned. Individual training sessions and periods of discussion should be well punctuated with more active games and activities demanding less concentration.

4 Games and Exercises

The children will benefit from an understanding of the aims of the varius activities and games. Hence, each exercise should be discussed with the children in terms of the skills which are involved. The categories of skills are:

(a) Looking
(b) Talking
(c) Listening
(d) Movement.

Following the completion of a game the therapists and children decide which skills were required. For example *Killer Wink* (see Appendix II) is a movement game requiring looking skills (observation). A chart can be drawn up on which the children list the games which come under each category.

5 Involvement of Siblings in Group

Siblings over the age of four years are invited to attend during the second week of the course. It will be necessary to consider how they will be incorporated into the group activities. Where possible, siblings should be encouraged to participate in the activities and exercises of the group, and learn how to assist in the children's individual work. Siblings will also be involved in the 'Family Session' (see p.52).

Children's Workbooks

The Children's Workbooks are used throughout the course and provide a record of each child's individual programme. The children write in the books under the guidance of a therapist. In this way the therapist is able to determine whether the child has understood the work. The workbooks also provide a record of the child's progress through the stages of learning the fluency technique. Ticking the

boxes at each stage provides reinforcement and motivation. Homework tasks are also recorded in the workbook. Please see Appendix IV for an example of a completed Children's Workbook.

Daily Activities

For each day of the course a day plan will be given, listing discussions, activities and games to be incorporated. Where appropriate, a detailed explanation of the main topics of discussions is given. Further information and instructions on games and exercises can be found in Appendix II.

Day Plans

Day One Parents' Group

1 Introduction (name labels)
2 Facts about the course, the rules, etc.
3 Group gelling game: **Introduction Game***
4 Coffee-break/chat
5 Time for writing tasks
6 Group gelling game: **Name Game**
7 Expectations
8 The nature of stuttering
9 Facts about stuttering
10 Time to write thoughts/impressions of the day in the Workbook
11 Homework

The first day of the course is very difficult for most parents and it is important not to underestimate their fear and apprehension. The morning session aims to provide information and give the parents time on their own to complete the written tasks. This helps reduce anxiety in preparation for the afternoon session.

1 *Introductions* The group is seated in a circle. The group leaders introduce themselves and any other visitors to the group and then ask everybody's names. Name labels are helpful on the first day.

2 *Facts about the course* This is aimed at helping the parents become acquainted with their new surroundings and the rules that need to be established. These include:

(a) Timing of the sessions: 10.00 a.m. to 12.00 p.m. and 1.00 p.m. to 3.00 p.m. The need for punctuality should be stressed.
(b) Parents are in charge of the children during the lunch hour.
(c) Geography of the building, placing and allocation of the rooms.
(d) Facilities, including lavatories, kitchen, coffee-machine and telephone.
(e) Geography of the area outside the building, particularly the facilities available for use at lunchtime.
(f) Parents should be instructed to organize a quiet time for the family at the end of each day during the course, as they will all feel extremely tired.
(g) Family sessions should be explained and an invitation extended to siblings and grandparents (see 'Family Session', p.52)

3 *Group gelling game* **Introduction Game** (see Appendix II). As with all the exercises, the rationale is then discussed. Parents are asked how they felt about speaking out in front of the group for the first time. Sharing their feelings of nervousness, shyness and fear of getting the information wrong is at first very difficult; but the sense of relief they

*For a full description of all games, please see Appendix II, pages 76-81.

experience when they discover how common these feelings are makes it easier.

This exercise also serves to help parents initiate conversations; it starts them talking, listening and interacting with each other. It also gives them their first insight into how their child, with the additional problem of stuttering, might feel in a similar situation.

4 *Break* The parents are invited to have coffee and to spend a little time getting to know each other on an informal basis.

5 *Written tasks* Workbooks should be introduced and their purpose explained. During the time allocated for written tasks, the parents will be asked to consider their expectations of the course and to answer the questions at the beginning of the Workbook.

During this time, the parents should also complete the self-characterization notes and the character sketch of the child (refer to pp. 23–24). It also provides time for the parents to be on their own in an unpressured activity and helps to reduce their anxiety levels.

Please note that it is important to ascertain whether any parents have reading or writing difficulties. Help with writing tasks may then be provided.

6 *Group gelling game* Name Game (see Appendix II).

7 *Expectations* The group should then divide into smaller groups of four or five (couples should be separated) to discuss their expectations for themselves and for their children.

The small groups should elect a representative who will relate their expectations to the large group. Some parents have very unrealistic aims, especially for their children, and it is important that the whole group works towards creating a *realistic* consensus in order to avoid disappointment and to reduce the pressure on the children. During the course of this discussion, it should be remembered that the children will vary considerably in what they can be expected to achieve.

In the light of the discussion, parents may wish to make some changes to the comments in their workbooks.

8 *Types of stuttering and its causes* This session is conducted with all the participants together as a large group. The parents are asked to describe the stuttering behaviour of their child. Here, there is an opportunity for parents to share the similarities and the differences that exist in their children's speech. It serves to illustrate the lack of conformity in the disorder and the individual nature of the problem. This leads to a discussion about what might be the cause of the stuttering. Some parents have definite ideas about this and they should be explored in the light of current knowledge available in the literature.

9 *Facts about stuttering* These are restated to the group (see p.10) as written in the workbooks.

10 *Thoughts about the day* At the end of each day the parents should spend a few moments writing their own personal reflections and thoughts about the day; things they feel they have learned or want to remember.

11 *Homework* The homework task should then be written on the blackboard so that the parents can write it down on their task sheets:

(a) Observe and make notes on 'What makes a good communicator?'
(b) What does your child do when he stutters? Observe the stuttering closely so that you can describe it tomorrow.

Day One Children's Group

1 Introductions
2 Group gelling games, such as the **Name Game** or **'Stand on my Right'**
3 Discussion: Expectations
4 Brainstorm: Talking
5 Active games, such as **Fruit Salad**
6 Brainstorm: 'What is speech?'
7 Brainstorm: 'How is speech made?'
8 Active games, such as **Running round the Circle**
9 Self-characterization
10 Group gelling game, such as the **Interview Game**
11 Active games, such as **Numbers on the Floor**
12 Homework

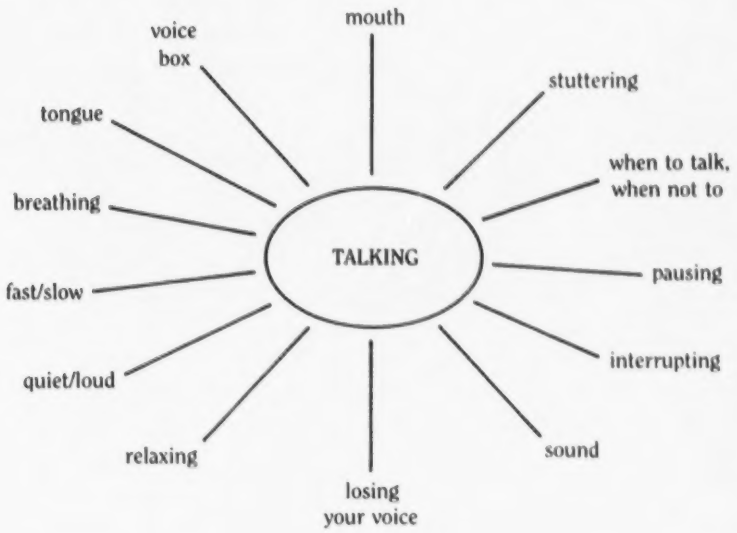
Tasks 3-12 include assessments

On the first day of the course, anxiety levels may be high among the children and therapists, as well as the parents. It is therefore essential that the group should become a cohesive unit and this may be achieved through group gelling games. The children will also need to understand the 'rules' of the course and what will be expected of them. This should include regulations about time-keeping and out-of-bounds areas. Introductions and the learning of names is the first aim. Activities such as the *Name Game* and *'Stand on my Right'* are recommended. Name tags may be used.

During the remainder of the day the first assessments are carried out simultaneously with group activities. Children are withdrawn from the group for their individual assessments and any tasks they may have missed will be covered with them when they return.

3 *Expectations* The first main discussion concerns the children's expectations of the course. Each child writes in his own words, in his workbook, what he would like to achieve on the course. At this point, unrealistic expectations need to be discussed within the group.

4 *Talking* The next group activity is a 'brainstorm' on the topic of 'Talking' (for brainstorm method, see p.33). The children's various ideas about 'talking' are written on the board – it is important that the therapists use the vocabulary suggested by the children, as this will be more meaningful to them. The ideas generated during this exercise will introduce many of the themes to be discussed during the course. The children then copy this brainstorm into their workbooks, for example:



6, 7 *Speech* Brainstorms are conducted on the topics of 'What is speech?' and 'How is it made?' The therapist uses the ideas from these brainstorms to teach the children about normal speech production so that they may understand how this mechanism can break down and how remediation techniques can be effective.

Simple diagrams are drawn, and simple analogies used, to show respiratory and articulatory processes. Children then explore how different speech sounds are made, for example voice/voiceless contrasts, place and manner of articulation. Using the diagram in their workbooks the children write down how speech is produced and the sequence involved.

9 *Self-characterization* The children are asked to write a self-characterization in the following way:

> I want you to pretend that you are your best friend talking about you. What would your friend say? What might he say about what you like doing? or don't like doing? Begin by writing 'Tim is . . . . .'.

Children who are unable to do this writing task may be asked to draw a picture of themselves and describe it.

12 *Homework*
(a) Times when I want to speak.
(b) Times when I don't want to speak.

Day Two Parents' Group

1 Feedback homework
2 Brainstorm: 'What do we need to become good communicators?'
3 Topic: Observation
4 Game: **The Observation Game**
5 Feedback
6 Brainstorm: 'Why is observation important in communication?'
7 Practise child's stutter in pairs
8 Feedback
9 'What do I do when my child stutters?/is fluent?'
10 Half-an-hour with therapists from children's group
11 Normal speech production (see Workbook, p.4)
12 Discussion: 'What can go wrong with speech production?'
13 Discussion: 'What is stuttering?'
14 **The Observation Game** played with children
15 Homework
16 Time allocated for writing thoughts about the day in the Workbooks.

1 *Feedback homework* The group should divide into small groups (couples stay together) and discuss the results of their homework. The large group then convenes and a spokesperson (different from the previous day) relates the findings of the small group. This generates a great deal of productive discussion among the participants and leads to the following brainstorm.

2 *Brainstorm: 'What do we need to become good communicators?'* This technique is used frequently throughout the course, both in the parents' and the children's group. It should be explained to the group that the aim of a 'brainstorm' is to generate as many ideas as possible on a given topic. The rules for the exercise are as follows (Priestly *et al.*, 1978):

1 aim for quantity not quality;
2 do not judge the ideas as the value of the ideas can be assessed later;
3 let the mind wander – wild and quirky ideas can turn out to be winners;
4 build on the ideas of others, expanding and adding to ideas already offered.

The topic should be placed at the top of the blackboard (or large sheet of paper) and *all* the ideas written under it. Afterwards, the ideas can be grouped or numbered in order of perceived importance.

Here, the topic is 'What do we need to become good communicators?' Many ideas will have been generated during the homework feedback time and new ideas should be added. The therapist should finish this exercise when all the elements of social skills that will be discussed during the two weeks have been elicited, that is: observation (looking, eye contact), listening (paying attention, understanding), turn-taking (pausing) and reinforcement (praising). Parents should then write the main issues in the appropriate place in their Workbooks.

3 *Topic: Observation* The skill of observation is fundamental to the acquisition of all social skills. It focuses on the information essential for social behaviour (Trower, Bryant and Argyle, 1978).

4 *Game: The Observation Game* The purpose of this game is to demonstrate how difficult it is to be an accurate observer. (See Appendix II.)

5 *Feedback* Parents are asked to describe how they felt about the exercise and whether they found it easier to observe or to be observed. This leads to the following brainstorm.

6 *Brainstorm: 'Why is observation important in communication?'* Following the brainstorm, the ideas are discussed and the implications of good/bad observation skills are explained. For example, eye contact is essential in order to notice body language and respond to it.

7 *Practise child's stutter in pairs* The group divides into pairs (parents separate) and are instructed to replicate the stuttering patterns exhibited by their child. In this way they will discover:

(a) how accurately they have observed it;
(b) how difficult it is to change their patterns of speech;
(c) some of the feelings that accompany stuttering.

The insight into their child's predicament is invaluable.

8 *Feedback* A great deal of discussion occurs as a result of the participants disclosing their feelings about the above exercise. The variety of views expressed helps parents to see how diverse the chidren's feelings and reactions might be and why we need to individualize therapy.

9 *Discussion: 'What do I do when my child stutters?'* The group divides into small groups (couples separate) to disclose what they currently do when their child stutters. Parents who say that they 'do nothing' discover during this exercise that this is not the case. All parents react in some way to their stuttering child. On returning to the large group a complete list of their reactions is drawn up on the blackboard and discussed in terms of how helpful they might be.

Parents are often unsure about how they *should* be reacting, and it is unusual for them to have considered asking the child; they should be encouraged to do so. They will be instructed as part of their homework to say to the child 'When you stutter, what should I do or say that would be helpful?' For further guidelines see Appendix I (page 73).

Discussion: 'What do I do when my child is fluent?' The response to

this question often demonstrates to the group how little reaction there is to the child's fluency in comparison with the reaction to his stuttering behaviour.

10 *Half-an-hour with the therapists from the children's group* The therapists involved with the children's group meet the parents to describe the activities of the day. Video recordings are made at intervals, and these help the parents keep in touch with the children's progress. This avoids disrupting the children during the sessions. During this period, parents are encouraged to discuss their child and his or her progress with the relevant therapist.

11 *Normal speech production* It is important that the parents understand the principles of normal speech production. The parents are helped to discover the normal processes involved in speech: breathing, voice and articulation. The processes are presented to them in the same way as to the children (see p.32). The information is then recorded in the Workbooks.

12 *Brainstorm: 'What can go wrong with speech production?'* The aim of this exercise is to put the stuttering behaviour in perspective among many other types of speech and language disorders. It should be recorded in the Workbooks.

13 *Brainstorm: 'What is stuttering?'* This brainstorm brings together all the ideas about stuttering, and helps the parents to see what happens when the normal speech mechanism breaks down. They record this in their Workbooks.

14 *Game: The Observation Game, played with the children* This is the first of several exercises designed to bring the two groups together and to create a working relationship between the parents and their child. The successful development of this relationship over the next two weeks will create an environment in which generalization of skills learned can take place. In this controlled setting we can assist in establishing boundaries within which the parents and children will be able to cooperate. For example, some children might attempt to sabotage the exercise by making changes that are impossible to detect, or parents may treat the exercise as a joke and not take it seriously.

15 *Homework*
(a) Observe one piece of good behaviour
(b) Play *The Observation Game* with child
(c) Ask the children what they would like their parents to do when they stutter. This should be recorded on the Task Sheet.

16 *Write thoughts about the day in the Workbook*

Day Two Children's Group

1 **Name Game**
2 Homework feedback
3 Looking games, such as **Eye Swap Chairs**
4 Discussion: Looking
5 **The Observation Game**
6 Active game, such as **Tangle**
7 Brainstorm: 'What can go wrong with speech?'
8 Active game, such as **Tangle**
9 Brainstorm: 'What happens when I stutter?'
10 Active game, such as **Team Machine**
11 Brainstorm: 'What is fluency?'
12 Brainstorm: 'How can I be fluent?'
13 Individual work
14 Active game, such as **Run round the Circle**
15 **The Observation Game,** played with parents
16 Homework: play **The Observation Game** with parents

1 and 2 *Name Game and Homework feedback* Having introduced any visitors and played a name game, each day should begin with a feedback session on the previous evening's homework. Any child's failure to do his homework should be discussed and, where appropriate, he should be instructed to do the task during the lunch hour.

3 *Looking games* The topic of observation is introduced by a discussion about 'looking'. The group then discusses why looking is important when we are talking or when someone is talking to us. If the children are unable to think of ideas the therapist may model examples of appropriate and inappropriate eye contact and observation skills, which the children are then invited to comment on.

5 *The Observation Game* The children then play *The Observation Game* (see Appendix II), enabling the group members to discover how good/bad are their observational skills. This game will be repeated later in the day with the parents.

7 *Brainstorm: 'What can go wrong with speech?'* This brainstorm follows on from the previous day's discussion about normal speech production. The children are asked to think of anything that might go wrong with 'speaking'. Their suggestions are written on the board, and may include hoarse voice, hiccups, stuttering, 'funny breathing' and lisps. The children write this on p.2 of their Workbooks. The children discuss individually what they think goes wrong with their speech and they complete the sentence. 'My problem is . . . . .' in their Workbooks on p.3. This is the first step towards individualizing their therapy procedure.

9 *Brainstorm: 'What happens when I stutter?'* This topic is also brainstormed within the group to elicit all the types of stuttering behaviours and what is involved in the speech mechanism. Examples

may include lips getting stuck, running out of breath, stiff neck. The children then mark on the diagram on p. 3 in their Workbooks where their own mechanism is breaking down when they stutter; for a laryngeal block, for example, they will mark the voice box. If a child is unable to identify what is happening when he stutters, the therapist may model the stutter for the child. It is essential that the child understands what is going wrong so that he can decide what will help him to be fluent.

11 *Brainstorm: 'What is fluency?'* The group brainstorms the word 'fluency' to elicit a variety of ideas of what being fluent involves. This ensures that the children have a full understanding of what the word 'fluency' means and are also able to evaluate realistically what they are expecting to achieve.

12 *Brainstorm: 'How can I be fluent?'* The children are asked to brainstorm all the different ways that they may try to help themselves to be fluent. This may include instructions they have received from others (take a deep breath, or stop and start again) or strategies that they have developed for themselves (such as changing the word). No suggestions should be discounted at this stage, even though children will mention certain behaviours (such as hitting themselves), which seem inappropriate to the therapist. Once all the ideas have been elicited the therapist should discuss each one separately in terms of its effectiveness and social acceptability. Those suggestions which are inappropriate should be deleted and the therapist's aim is to end up with the following fluency factors:

(a) Speak smoothly and softly
(b) Flow the words together
(c) Speak slowly
(d) Good breathing
(e) Relax
(f) Keep voice going up and down (intonation).

These six factors are the components of the 'Fluent Speech' technique and the appropriate factors will be selected by each child to control his stuttering behaviour.

Each fluency factor should be described in detail using the children's words, and the rationale should be explained. The therapist should also model the factors, contrasting with the stuttering behaviour.*

(a) *Speak smoothly and softly:* This fluency factor reduces sudden onset and hard contacts. It is particularly useful where the stuttering includes blocking and struggle behaviour.

*Refer to the cassette supplied with the Programme.

(b) *Flow the words together:* It is important that no word is tackled as a separate entity but that words flow into one another, reducing hard attack. It is important that children should only attempt short phrases.

(c) *Speak slowly:* The rate of speech needs to be reduced so that the child has time to control how he is speaking. The rate of some children's speech will need to be reduced to 30 to 40 words per minute in the initial stages of the programme. The rate can then be increased as competence is gained with the fluency factors. It may be necessary to demonstrate to the children that slowing the rate of their speech does not mean pausing after each word but, instead, that they should slow down the whole of each word as if they were stretching it on elastic.

(d) *Good breathing:* Correct breathing patterns need to be established and children should be instructed to breathe in and then start talking on the midstream as they breathe out. Only two to three words per breath should be attempted in the initial stages of the programme. The importance of pausing for controlling breathing and speech rate should also be discussed.

(e) *Relax:* Relaxation has been included as a fluency factor so that children may incorporate it into their fluent speech technique rather than view it as a separate issue.

(f) *Keep voice going up and down (intonation):* Normal intonation patterns must be maintained when children are controlling their speech. If a child develops a monotonous tone, it will be necessary to help him develop normal intonation and stress patterns.

Having explained, discussed and modelled each fluency factor in the group, the therapists then work with the children individually. Each child needs to determine which fluency factors will help him control his stutter. The therapist will need to refer to the diagram of 'What happens when I stutter?' so that the child can select fluency factors which will help him with his particular difficulties: for example, 'my lips get stuck together, so I need to speak slowly and softly' (that is, use soft contacts).

The children may need to use all six fluency factors initially and then discard some of them (such as a very slow rate of speaking) as they gain control. The children write down the fluency factors they will be using, under 'What can I do about it?' in the Workbooks.

15 *The Observation Game, played with parents*
The Observation Game is played in the group by the children, with their own parents. Therapists monitor the exercise to ensure that it will be played correctly for the homework task.

16 *Homework* The children are to play *The Observation Game* at home with their parents.

Day Three Parents' Group

1 Homework feedback
2 Brainstorm: 'Why is listening important for good communication?'
3 Game: **The Listening Game**
4 Feedback/Discussion: 'What should I do when I listen to my child?'
5 Half an hour with therapists from children's group
6 Brainstorm: 'What can help fluency?'
7 Technique practice
8 **The Listening Game** for parents and children
9 Homework
10 Write thoughts about the day in Workbook

1 *Homework feedback* Divide into small groups (couples together) to discuss the homework tasks and then report back to the large group:

(a) *The Observation Game:* The therapist should check that everyone has played the game and parents are invited to comment on it.

(b) Observe one piece of good behaviour: the purpose of this exercise is to direct parents' attention towards the positive aspects of the child's behaviour. Some parents find themselves surprised by how many helpful things the child does, such as washing up, grating cheese, clearing up a mess; whilst others are unable to find any good behaviour. This will need to be explored further. Some parents have very high expectations, and discussion within the group will help them to be more realistic.

(c) Parents to ask children what they would like parents to say/do when they stutter: each parent is asked to report on the outcome of this exercise and is instructed to act on this until the family sessions, where it may be re-negotiated.

Finally, the therapist should lead a discussion using the guidelines on 'Reactions to Stuttering' (see Appendix I, p.73).

2 *Brainstorm: 'Why is listening important for good communication?'* The ideas expressed help everyone to broaden their perception of this skill. The ideas are then written into the Workbooks.

3 *Game: The Listening Game* The aim of this game (see Appendix II) is to demonstrate how difficult it is to listen accurately. It also provides an opportunity for teaching parents to be critical and to evaluate an exercise fairly, as well as how to give or receive criticism and praise appropriately.

4 *Feedback/Discussion: 'What should I do when I listen to my child?'* Many parents discover during this exercise that they are not as skilled at listening as they thought. The concentrated listening required for this game is something that parents rarely experience and many of them realise that they often listen to their children with only half their attention. Parents are asked to consider that the *quality* of listening may be more important than the *quantity*. The observer in the triad

often reports having difficulty listening as a result of the positioning, making eye contact difficult. This can be related to stutterers, who have poor eye-contact and are often poor listeners. Sometimes parents find that the listener has interpreted the story rather than retold it. If the interpretation is incorrect, this can be irritating and leads to frustration. This experience helps parents to understand the feelings of stutterers when they are misunderstood and are obliged to repeat themselves. The guidelines on 'Listening' (Appendix I, p.74) should be used to draw the discussion to a close. Parents should then add comments to the section on listening in their Workbooks.

5 *Half an hour with therapists from children's group*

6 *Brainstorm: 'What can help fluency?'* Once the ideas have been recorded they should be grouped and the elements of technique isolated (rate, flow, breathing, pausing, soft sounds and relaxing). This information should be recorded in the Workbooks.

7 *Technique practice* The parents are acquainted with the elements of technique and within the large group, technique is practised on single words. The therapist models the word, the group practises in unison with the therapist and then the group members attempt it on their own.

8 *The Listening Game for parents and children* The *Listening Game* is practised, with the parents and the child participating together. They are then instructed to play this game as part of their homework.

9 *Homework*
(a) Observe one piece of good behaviour
(b) Observe one piece of fluent speech. The parents should be instructed that this could be just one word, a short or long sentence but it must be fluent.
(c) Play the *Listening Game.*
These items should be recorded on the Task Sheets.

10 *Write thoughts about the day in Workbook.*

Day Three Children's Group

1 **The Name Game**
2 Homework feedback
3 Categorization of games
4 Revision: Fluency factors
5 Individual work
6 Active game, for example **Numbers on the Floor**
7 Looking game, for example **Chinese Gestures**
8 Brainstorm: 'Listening'
9 **The Listening Game**
10 Active game, for example **Fruit Salad**
11 Individual work: fluency practice
12 **The Listening Game** with parents
13 Homework: play **The Listening Game** with parents

2 *Homework feedback* The children report back their homework task and any difficulties/problems are discussed.

3 *Categorization of games* Having played a variety of games in the first few days of the course, the group should now discuss the skills required for each game. Four charts should be made, headed Talking, Movement, Listening and Looking; the children should write the name of each game on the appropriate chart(s).

4 *Revision: Fluency factors* The therapists revise the six fluency factors with the children in the group and write them on the board.

5 *Individual work* Each day will include sessions of individual work, practising the fluent speech technique. The therapist will need to revise with the child his chosen fluency factors. Progress in fluency practice is recorded in the child's Workbook. After the initial modelling practice the child works through the reading monologue and conversation stages.

If a child should stutter during the individual training sessions, the therapist should stop the child immediately and ask him what has gone wrong. If he is unable to identify his difficulty the therapist should model the stuttering episode for the child. The child should then be able to correct the stuttering behaviour using his fluency factors.

(a) *Modelling stage:* The first stage of fluency practice involves careful demonstration of the fluent speech technique: therapist models fluent speech; therapist and child practise in unison; child practises on his own.

This progresses in steps from a single-word level through to five-word phrases. The child must produce five successive correct responses at each step before going on to the next. If a child produces three correct responses and then an incorrect one, he must start that step again.

When a child succeeds at each step, appropriate boxes of the Workbook are ticked. When a child has completed this initial stage of fluency practice he can proceed to the reading stage. If a child is experiencing particular difficulty at this early stage of the fluency practice, the therapist should consider using the Delayed Auditory Feedback Machine to overcome these problems (Shames and Florance, 1980).

(b) *Reading stage:* In the early steps of this stage, the reading material chosen should not present lexical difficulties but should be *at* or *below* the reading level of the child. As confidence is gained, the reading material should continue at a level appropriate to the child's age and ability. In the reading, monologue and conversation stages, the child progresses in steps from one word to five words at a time with five successive correct responses as the pass criteria for each step. The child works from one sentence to five sentences at a time (to the same criteria) and finally, timed periods building up from 30 seconds to two minutes. The Workbook provides a record of progress through these steps and when each stage is completed the box at the bottom of the page is ticked.

(c) *Monologue or picture description stage:* For a monologue task, the therapist should instruct the child to talk about anything he likes. The therapist may suggest topics (such as holidays, school, hobbies) but should not ask questions. If a young child experiences difficulty with a monologue task, he should be instructed to talk about a given picture.

(d) *Conversation stage:* In this stage the child should be conversing with the therapist. In steps 1-5, a meaningful conversation is not possible but the therapist and child should be interacting with one another; that is, the therapist and child alternate with the task. In the timed section the conversation should be as normal as possible and should include questions and comments, etc. The therapist times only the child's conversation.

(e) *Use of fluent speech technique in group work:* When a child has successfully completed the reading stage he should be able to use his fluent speech in specific group games which demand restricted verbal output, such as alphabet games. The children should be instructed to use their fluent speech for that activity and if they fail to do so they should be reminded. Children should be encouraged to use their fluent speech on the course, at home, on the bus, etc. Each child will progress at a different rate.

8 *Brainstorm: 'Listening'* The topic of listening is brainstormed in the group. Various ideas associated with listening will be generated, such as good ears, paying attention, interrupting, ignoring. The group discusses what is good listening and what is bad listening and the therapists may role-play this.

The children are asked to describe what being a good listener involves; points mentioned should include looking, not butting in and looking interested.

9 *The Listening Game* is then played and the children are able to judge how good or bad their listening skills are. The *Listening Game* is later played with the parents in preparation for the homework tasks.

Day Four Parents' Group

1 Homework feedback
2 Topic: Praise
3 Game: **The Praise Game**, played in pairs
4 Feedback
5 Game: **The Praise Game**, played in a large group
6 Discussion/Feedback
7 Brainstorm: 'What does praising involve?' 'How can I help build my child's self-confidence?'
8 Half an hour with children's therapists
9 Technique practice
10 Discuss difficulties in using technique
11 Homework
12 Write thoughts about the day in Workbook

1 *Homework feedback* Small group discussions (parents in the same group) leading to large group discussion as before:
(a) Observe one piece of good behaviour. Parents are expected by now to be able to achieve this task.
(b) Observe one piece of fluent speech. The same principles apply to this task as the good behaviour. If parents are unable to find *any* fluent speech, perhaps their expectations need to be modified or their listening and observation skills improved. It is unusual for a child to stutter on every word. Parents frequently become so preoccupied with the stuttering behaviour that they do not notice the fluency that is also present. This exercise helps them to re-look at this behaviour.
(c) Play the *Listening Game* with child. Inevitably, some interesting comments result from this exercise that are relevant to everyone, for example, the effect of tiredness on listening skills. It is important for parents and children to be aware of this. Some parents found that they were so distracted by the stutter that the content of the child's story was forgotten. The insights the parents gain in this way are often the first signs of change and should be encouraged.

2 *Topic: Praise* The aim is to teach parents to reinforce acceptable behaviours from their child through praising them (Trower, Bryant and Argyle 1978, p.39). It has the additional purpose of increasing the child's self confidence – something that most parents feel is lacking in their stuttering child. Most parents find praising difficult, some do not use it at all and so need to learn how to do it successfully.

3 *Game: Praise Game, played in pairs (see Appendix II)* The aim of this game is to discover if group members are able to make positive statements to each other and if they can accept them. See Appendix II. Couples should not be together.

4 *Feedback* The feedback explores the difficulties encountered in *making* positive statements and in *receiving* them. An example of this is when the positive statement, 'I like your jumper' is met with

the response, 'This old thing – I've had it for ages'. This devalues and negates the person's praise. Some members of the group avoid the issue by failing to complete the exercise. In order to help those with difficulties the following game is played.

5 *Game: The Praise Game, played in a large group* The aim of this is to make sure that everyone attempts the exercise and has experience of giving and receiving praise. (See Appendix II.)

6 *Discussion/Feedback* Having received praise, parents are asked to share their feelings with the group. Inevitably these are good feelings of warmth and appreciation and serve to remind the parents how the child will respond to praise. Husbands and wives sometimes have particular difficulty praising each other and exercises should be set to overcome this; for example, parents may be instructed to praise each other as a homework task.

7 *Brainstorm: 'What does praising involve?', 'How can I help build my child's self-confidence?'* This brings together all the elements of praising and reinforcement. At the end of the exercise, guidelines on 'Praising' (Appendix I p.74) should be discussed and the parents should then fill in the appropriate section of the Workbook.

8 *Half an hour with the children's therapists*

9 *Technique practice* Soft contacts and easy onsets are practised in short phrases and sentences. Initially, the group should work as a whole and then, when appropriate, should break into pairs (parents not together) to practise with their partners.

10 *Discuss difficulties in using technique* The large group convenes to discuss the problems they have experienced in using technique. Common difficulties reported are:
(a) wanting to go faster
(b) poor control of breathing
(c) poor control of volume
(d) sounding 'strange' or 'odd'.
All of these feelings are shared by their children. When parents are asked how they would feel if they had to go outside and use the technique, typical reactions are:
(a) fear
(b) embarrassment
(c) 'People might stare'
(d) 'People would be impatient'
(e) 'It's very tiring'.
Again, this reflects very closely the feelings their children may experience and serves to help parents become more sympathetic to the child's difficulty maintaining fluency outside a protected and sympathetic environment.

11 *Homework*

(a) Praise one piece of good behaviour. This should be recorded thus: the actual good behaviour; the parents' words of praise; and the child's reaction.

(b) Observe one piece of fluent speech and record it on the homework sheet. One word is sufficient, or a short phrase or sentence.

(c) Observe in the family who does the most:
- talking
- interrupting
- listening
- arguing.

12 *Write thoughts about the day in Workbook*

Day Four Children's Group

1 **Name Game**
2 Homework feedback
3 Active game, such as **Team Machine**
4 Individual work
5 Looking game, such as **Chinese Gestures**
6 Active game, such as **Tangle**
7 Brainstorm: 'Praise – how to give it'
8 Active game, such as **Fruit Salad**
9 Individual work
10 Active game, such as **Run round the Circle**
11 Brainstorm: 'Praise – how to accept it'
12 **The Praise Game**
13 Active game, such as **Numbers on the Floor**
14 Looking game, such as **Killer Wink**
15 Homework: read five sentences using fluent speech

7 *Brainstorm: 'Praise – how to give it'* The therapist conducts a brainstorm with the group on how people praise each other. Ideas elicited should include *verbal* behaviour, such as saying 'Good boy!', 'I like you', 'Well done!'; and *non-verbal* behaviour, such as a cuddle, a kiss, or a clap. This helps the children to recognize when they are being praised and how they can praise others.

11 *Brainstorm: 'Praise – how to accept it'* This brainstorm generates ideas on how people respond to praise; they may, for example, get embarrassed, say thank you, ignore it, smile and look happy, or even say 'Shut up!'. The group discusses the consequences of the various reactions, and decides which are the best ways to accept praise. The praise game is then played in order to practise giving and receiving praise appropriately.

15 *Homework: read five sentences using fluent speech* The children are set a homework task of reading five sentences using their fluent speech. This task may have to be modified if a child has not reached this level. The child should be instructed to do this task on his or her own, as any adverse reactions from the family members may be discouraging.

Day Five Parents' Group

1 Homework feedback
2 Brainstorm: 'Why is turn-taking important in communication?'
3 Game: **Breaking into the Circle**
4 Game: **Breaking into a Conversation**
5 Feedback
6 Brainstorm: 'What does turn-taking involve?', 'How can I improve turn-taking in my own family?'
7 Half an hour with the children's therapists
8 Group discussion: 'The change I will attempt over the weekend'
9 Brainstorm: 'What makes us tense?'
10 Exercise in relaxation
11 Homework
12 Write thoughts about the day in Workbook

1 *Homework feedback* The group breaks into smaller groups (parents together) returning to the large group as before:

(a) *Praise one piece of good behaviour:* This should be checked, to be sure that parents' positive statements to their children are in fact positive. A common error is a statement like 'It was very nice of you to make me a cup of tea – why don't you do it more often?' It may take parents some time to break the habit of negating reinforcement.

(b) *Observe one piece of fluent speech:* At this stage in therapy, many parents are beginning to show surprise at the amount of fluency their children are demonstrating. It is useful to question at this stage whether the children *are* in fact acquiring more fluency or whether the parents are *noticing* the children's fluency rather than the stuttering.

(c) *Observe the person who does the most talking, listening interrupting, and arguing in the family:* This exercise helps the parents look at their family interactions more objectively; for example, a parent may discover that *they* do the most talking or perhaps, to their surprise, it is the stuttering child.

These new insights should help parents to make changes in their family interactions.

2 *Brainstorm: 'Why is turn-taking important in communication?* This will focus on the ideas that have already been expressed. It also draws attention to the difficulties created by a stuttering child who is either finding it hard to break in to a conversation or having broken in, can't or won't stop.

3 *Game: Breaking into the Circle*

4 *Game: Breaking into a Conversation* }

These two games (see Appendix II) serve to illustrate the points made in the discussion.

5 *Feedback* Parents are able to describe the frustration and anger they experienced when they were unable to break into a group or a conversation. Some parents react by persevering in a variety of ways, whilst others will give up: this may help them understand how the stuttering child behaves in similar circumstances.

6 *Brainstorm: 'What does turn-taking involve?', 'How can I encourage the family to take turns more often?'* This brainstorm will generate ideas that help the parents find ways of making changes within their families. Guidelines on turn-taking (Appendix I, p.74) should then be discussed. Ideas are then written into the Workbooks.

7 *Half an hour with the children's therapists*

8 *Group discussion: 'The change I will attempt over the weekend'* The group should be instructed to discuss amongst themselves *one* change that they each would like to make in their own behaviour over the weekend. Therapists might need to make some suggestions; for example, to find a time to be alone with the stuttering child, to listen with full attention for short periods or to organize turn-taking in the family.

9 *Brainstorm: 'What makes us tense?'* The aim of this brainstorm is to prepare for a discussion about relaxation. Time should be made available for the parents to write the ideas into the Workbooks and fill in the tension checklist.

10 *Exercise in relaxation* For example, see *Simple Relaxation* (Mitchell, 1977).

11 *Homework*
(a) Make one change over the weekend. Each parent should be asked to state the proposed change they would like to make, and the therapists should then check that it is appropriate.
(b) Play *Listening Game* with children
(c) Praise one piece of good behaviour.

Day Five Children's Group

1 **Name Game**
2 Homework feedback
3 Looking game, such as **Miming Emotions**
4 Brainstorm: Relaxation
5 Relaxation Game: **Melting/Freezing Snowmen**
6 Individual work
7 Active game, such as **Fruit Salad**
8 Relaxation Game, such as **Rag Dolls versus Soldiers**
9 Talking games, such as **Numbers, Fruit Salad, Clothes, Animals**
10 Problem solving: **Desert Island**
11 Individual work
12 Active/Looking game, such as **Eye Swap Chairs**
13 Looking game, such as **Chinese Gestures**
14 Homework: (a) Read a page using fluent speech
(b) Problem solve: Escape from a room

4 *Brainstorm: Relaxation* In order to ensure that the children understand the word 'relaxation', and to elicit their own vocabulary regarding the topic, a group brainstorm is conducted. Ideas may be generated regarding: physical relaxation (such as 'feeling floppy, not stiff'); mental relaxation (such as calming down and stopping worrying); situations which make us relaxed (for example sleeping, watching TV). The brainstorm is then copied into the Workbooks. A relaxation game is then played which contrasts relaxation and tension, using the children's vocabulary.

9 *Talking games* At this stage of the course, the children should be using their fluent speech technique in specific verbal group games. Initially, the verbal output should be at a single word level. For these exercises each group member names a piece of fruit or animal or an article of clothing or counts using their fluent speech. As competence is gained, the verbal output should be increased.

Day Six Parents' Group

1 Homework feedback
2 Topic: Problem Solving
3 Exercise: Problem Solve
4 Half an hour with the children's therapists
5 Technique practice
6 Family session
7 Discussion: Problem Solving
8 Homework
9 Write thoughts about the day in Workbook

1 *Homework feedback* Break into small groups (parents together):

(a) Make one change over the weekend: Therapists should explore with each parent the results of the change they made, as these will often be of value to other parents and encourage them to experiment. One parent, for example, proposed 'to listen more to her stuttering child'. When she did so, she found to her astonishment that the child, usually so reluctant to say anything, began to tell her all about a project he was involved in. The parent was overcome with emotion, indicating the importance she attached to it.
(b) Praise one piece of good behaviour
(c) Praise one piece of fluent speech
(d) Play *The Listening Game.*

These exercises should be checked and discussed further, as appropriate.

2 *Topic: Problem Solving* All the skills taught during the course culminate in the problem-solving technique. It is this technique that will make it possible for both parents and children to find a way of helping themselves and it is used extensively throughout the course. Good problem-solvers tend to evidence better social adjustment than those with limited skills in this area (Spivack and Schure, 1974). It seems that social skills are largely acquired through the models supplied by parents (Trower, Bryant and Argyle, 1978). The aim must therefore be to help the parents be good problem solvers. There are five stages to the exercise:

(a) isolate the problem
(b) generate alternative solutions using the brainstorm model
(c) look at the predicted outcomes of the various alternatives
(d) make a choice in order of preference
(e) try out the first choice.

3 *Exercise: Problem Solve* The rationale is explained to the parents and their help is sought in finding a problem that one of them is prepared to share with the rest of the group. It is essential that a real problem is used and not one relating to fluency, such as getting child to dress himself in time for school.

A diagram is drawn on the blackboard, showing the 'problem' displayed in the centre of a circle. The group is arranged in a semi-circle in front of the board and each member of the group is asked in turn to offer a possible solution. This continues until all the ideas have been exhausted. The parent whose problem it is then rejects the suggestions that have already proved unsuccessful and those that are inappropriate. Those that are left are considered in terms of their predicted outcomes and are ranked in the order in which they will be attempted. The parents should then be instructed to try out this new strategy as soon as possible and on completion to share the results with the rest of the group.

This exercise takes some time to complete and parents should write the process down in their Workbooks.

4 *Half an hour with the children's therapists*

5 *Technique practice* It is not necessary for the parents to become as skilled in technique as their children. At this stage however, parents are attempting short conversations with each other in pairs, and finding the technique very difficult to maintain. This insight into the difficulties involved in using technique will help them modify their expectations of the children.

6 *Family session* An individual family session should be held; two different families may be seen each day. Negotiations agreed by both the parents and the child are written in their respective Workbooks. From this point in the Programme, each family will have at least one family session for approximately one hour. The purpose of a family session is:

(a) to instigate discussion amongst all the members
(b) to help the family members listen more carefully and respect each other's views
(c) to teach family members how to negotiate successfully with each other. This will enable the stuttering child to find positive ways for the family to help him with his dysfluency
(d) to establish a procedure the family can use for 'family discussion'. Family discussion will be a part of the homework task at the end of the course and is an essential ingredient in the long-term management of the family.

All members of the family over the age of four years are invited to attend. The grandparents may also be invited if this seems appropriate. The room is organized before the session with the correct number of chairs arranged in a circle.

Members of the family are invited to seat themselves, and a note is made of how they align with each other by sitting together. The session is begun with introductions. The therapist should then address the first question to the youngest member of the group. The child is asked if he would like to help his brother/sister with his speech. Once he has

agreed, negotiations take place between the two with the help of the therapist, for example a younger brother (aged six years) of an 11-year-old stutterer was asked:

Therapist to brother (Simon): 'Would you like to help Geoffrey with his stuttering problem?'
Simon: '. . . Yes, I would.'
Therapist to Geoffrey (stutterer): 'Would you like Simon to help you?'
Geoffrey: 'No, I do not want him to help me.'
Therapist to Simon: 'How do you feel about that?'
Simon: 'I want to help him.'
Therapist to Geoffrey: 'Oh dear, Geoffrey, he really wants to help you. Is there any small thing he could do? Do you think he could maybe listen to you read fluently for one minute a week?'
Geoffrey (after thinking for a moment): 'OK – he can listen to me read to him.'
Therapist to Simon: 'Is that OK for you?'
Simon: 'Yes, I would like to listen to him.'
Therapist to Geoffrey: 'That's fine. Thank you for letting him help you. How many times a week would you like him to listen to you reading?'
Geoffrey (after thinking for some time): 'I think he can do it twice a week.' [Note that he has increased the number of times suggested by the therapist].
Therapist to Simon: 'Is that agreeable to you?'
Simon: 'Yes.'
Therapist to Simon: 'Thank you, Simon, for helping us.'

Negotiations continue in this style, covering helpful ways of dealing with the stuttering with all members of the family, from the youngest through to the oldest, then parents and grandparents.

The attention is then placed on the stuttering child and he is asked what the youngest sibling does that annoys him and how he would like it changed. A common example is a younger sibling taking the stuttering child's toys without asking permission. The therapist helps them negotiate until a satisfactory arrangement is reached. The stuttering child performs this exercise with each member of the family and he is also asked if there is anything a family member does that he would like them to 'do more of'. Then each member of the family is given the opportunity to say what they are unhappy about in the stuttering child's behaviour and how they would like it changed. Once again, commence with the youngest, work through the siblings by age and finish with the parents.

For example:

Therapist to Simon: 'What does Geoffrey do that gets on your nerves?'
Simon: 'He won't let me play with his lego.'
Therapist to Geoffrey: 'Is that right?'

Geoffrey: 'Yes, I don't want him to play with it. He doesn't put it back properly.'
Therapist to Simon: 'What do you want him [Geoffrey] to do about it?'
Simon: 'I want him to let me play with his lego and I will put it away.'
Therapist to Geoffrey: 'Can he play with your lego if he puts it away?'
Geoffrey: 'Yes, but only if I am at home.'
Therapist to Simon: 'Is that OK for you?'
Simon: 'Yes.'
Therapist to Simon: 'What should Geoffrey do if you don't put the lego away?'
Simon (after thinking for some time): 'I will have to give him something – like a fine.'

Negotiations continued and the final agreement for this incident was that Simon would have to pay 1p for every piece of lego not put away. The money would be taken from his pocket money.

All negotiations for the entire family session are written down in both children's and parents' Workbooks.

7 *Discussion: Problem Solving* This discussion will aim to clarify any issues regarding the problem-solving exercise and parents are requested to find problems of their own that they would like to solve. This is also an opportunity to discuss the changing nature of the activities over the next few days. At this stage, activities are organized around the family sessions and are concerned with consolidating skills already learned. This flexibility within the course allows for parents' particular needs to be incorporated into the next few days' activities.

8 *Homework*
(a) Record discipline procedures used within the family
(b) Praise one piece of fluent speech
(c) Praise one piece of good behaviour
(d) Think of a problem

9 *Write thoughts about the day in Workbooks*

Day Six Children's Group

1 **The Name Game**
2 Homework feedback
3 Individual work
4 Active game, such as **Wink Chairs**
5 Listening game, such as **The Bear and the Honeypot**
6 Individual work
7 Group verbal game, such as **The Parson's Cat**
8 Brainstorms: 'Why do I need to be relaxed? What can I do to help myself become more relaxed?'
9 Relaxation game, such as **Stiff and Wobbly Foods**
10 Individual work
11 Group verbal game, such as **My Name is . . .**
12 Problem solving: How to get off the island
13 **The Praise Game**
14 Active game, such as **Tangle**
15 Homework: (a) Say something nice to Mum and Dad, and note their reaction (b) Read one page using fluent speech

8 *Brainstorms: 'Why do I need to be relaxed? What can I do to help myself become more relaxed?'* The group brainstorms the advantages of being relaxed so that the children can understand the rationale for the relaxation games. The children then suggest ways that they can help themselves to be more relaxed. Both brainstorms are copied into the Workbooks.

12 *Problem solving: How to get off the island* For full rationale and explanation of problem solving, see p.51 of Parents' Group section.

The children are taught this method by playing a problem-solving game. The problem is explained to the group in the following way:

'You are stranded on an island with no boat to the mainland.'

The first task is to write the problem on the board, (*'How to get off the island'*) and then draw a circle around it. The children brainstorm as many solutions as possible, however ridiculous they may seem, and each of these is written round the outside of the circle. The solutions are not discussed at this stage and none are discounted.

The group then discusses each solution in terms of its effectiveness and possible consequences and any which are felt to be inappropriate are discarded. The remaining solutions are then rated by the group so that a list can be drawn up with the most favoured solutions at the top.

Example of 'How to get off the island' problem solve:

Chosen solutions: (a) rowing boat; (b) balloon raft; (c) punting; (d) abseiling. The therapists should point out that a group problem solve can be difficult, as not everybody within the group will agree on the best solution. When the group helps to solve a problem belonging to one particular member, it is up to that child to decide which is the most appropriate solution for him.

Day Seven Parents' Group

1 Homework feedback
2 Problem solve in large group
3 Problem solve in small groups
4 Half an hour with the children's group therapists
5 Brainstorm: 'Different ways of saying "Well done!" '
6 Brainstorm: 'Why is it important to be relaxed?'
7 Technique training
8 Family sessions
9 Homework
10 Write thoughts about the day in Workbook

1 *Homework feedback* Parents together in small groups should feedback on:

(a) *Discipline procedures:* This involves a discussion of children's misbehaviour and always provokes interest. The group may like to discuss 'What should I do when my child misbehaves?': most parents have very strong views about this, and the intention is that they should be exposed to some alternative management strategies. Therapists should then refer to the guidelines on 'Discipline' (Appendix I, p.74) for further comments.

(b) *Praise behaviour*
(c) *Praise fluency*
} these must be checked as before

(d) *Think of a problem:* Parents are asked to share their problems within the group and one of these will be used in the next problem solving session.

2 *Problem solve in large group* A new problem is solved in the same way as described previously. Parents are invited to run the session in preparation for a problem solving exercise in small groups. The therapist assists and guides the parents.

3 *Problem solve in small groups* Small groups should be formed, in which couples are separated. A problem within each small group is selected for solving. The therapists should oversee these attempts but only intervene when difficulties arise. Examples of such difficulties are:

(a) *Trying to solve someone else's problem:* for example, how to get husband to give up smoking.
(b) *Pre-judging suggestions:* Parents need to be reminded that all alternatives should be written down, however wild, and only the person whose problem it is should reject or select solutions following completion of the brainstorm.
(c) *Other group members rejecting suggestions:* What is right for one person may not suit another.
(d) *Finding that the problem is different from the one on the board:* In this case, simply start again with the revised problem.

4 *Half an hour with the children's therapists*

5 *Brainstorm: 'Different ways of saying "Well done!" '* Parents often feel the need to find different ways of praising the children. A brainstorm will generate a large selection of alternatives.

6 *Brainstorm: 'Why is it important to be relaxed?'*

7 *Technique training* As required.

8 *Family sessions*

9 Homework
(a) Praise one piece of good behaviour.
(b) Praise one piece of fluent speech.
(c) Play *Listening Game* (revision).
(d) Where appropriate, parents who have completed the Problem solve exercise should try out their first solution.

10 *Write thoughts about the day in Workbook.*

Day Seven Children's Group

1 **Name Game**
2 Homework feedback
3 Individual work
4 Group verbal games, such as **The Introduction Game, The Praise Game** and **I went to Market**
5 Active game, such as **Numbers on the Floor**
6 Looking game, such as **Miming Emotions**
7 Listening game, such as **Chinese Whispers**
8 Active game, such as **Fruit Salad**
9 Looking game, such as **Chinese Gestures**
10 Individual work
11 Listening game, such as **The Bear and the Honeypot**
12 Discussion: Good Communication
13 Group verbal game, such as **I packed my Case**
14 Homework: prepare a one-minute monologue about a favourite TV programme

12 *Discussion: Good Communication* The group brainstorms and then discusses the topic of Communication. This discussion should generate and summarize all the aspects of social skills covered on the course, including eye contact, listening, not interrupting, and so on.

The group then plays a verbal game and the children are instructed to use these skills in the game.

Day Eight Parents' Group

1 Homework feedback
2 Discussion: Results of the problem-solving exercises
3 Family sessions
4 Problem solve
5 Half an hour with children's group therapists
6 Brainstorm: 'What can I do to help myself and my child be more relaxed?'
7 Technique: Relaxation training as required
8 Discussion: Issues to be revised tomorrow
9 Problem-solving exercise with the children
10 Homework
11 Write thoughts about the day in Workbook

1 *Homework feedback* In small groups: couples together

2 *Discussion: Results of the problem-solving exercises completed on Day Seven* Most of these will have been successful and the parents should be congratulated. If a solution has not been entirely successful, the parent should relate the incident and the whole group should be invited to help with some modification to the solution. The parents may wish, in the light of their experience, to try one of the alternatives supplied in the original 'problem solve'.

3 *Family sessions*

4 *Problem solve* This should be done in smaller groups, couples not together. The smaller groups give each of the parents several opportunities of running the exercise. In this way they will feel confident about tackling the task with their child. Therapists should continue to assist where necessary.

5 *Half an hour with children's group therapists*

6 *Brainstorm: 'What can I do to help myself and my child be more relaxed?'*

7 *Technique: Relaxation training as required* According to the needs of the parents.

8 *Discussion: Issues to be revised tomorrow* Parents discuss amongst themselves the issues they would like to have included in their last 'working' day. They present this to the therapist who should endeavour to fulfill these needs.

9 *Problem-solving exercise with the children* The parents join the children to observe them solving a group problem – in this case

'teasing'. The children sit in front of the blackboard while the parents sit passively behind them. This enables parents to see how creative the children can be in generating their own alternatives: it also prepares them for problem solving with their child.

10 *Homework*
(a) Praise one piece of good behaviour
(b) Praise one piece of fluent speech.

11 *Write thoughts about the day in Workbook*

Day Eight Children's Group

1 Discussion: Use of fluent speech
2 **The Name Game**
3 Homework feedback
4 Individual work, including prepared monologue
5 Active game, such as **Tangle**
6 Looking game, such as **Killer Wink**
7 Group problem-solving: Teasing
8 Verbal game, such as **Word Associations** and **Famous People**
9 Individual work
10 Activity games, such as **Run round the Circle; Team Machine**
11 Homework: one-minute fluent conversation with parent

1 *Discussion: Use of fluent speech* For the whole of Day Eight, all the therapists and children are instructed to use the fluent speech technique.

7 *Group problem solving: Teasing* The children problem-solve the topic of teasing in the group and copy the brainstorm into their Workbooks. They then accept or reject the solutions individually and list them in order of preference. The parents join the group to observe this activity.

Day Nine Parents' Group

1 Homework feedback
2 Discussion: Post-course expectations; Party; Tapes; Follow-up appointments
3 Family sessions
4 Observe children brainstorming 'The advantages and disadvantages of stuttering'
5 Feedback
6 Brainstorm: 'What to do if things go wrong following the course' (Discuss 'Advice to Parents', Parents' Workbook, p.12)
7 Half an hour with the children's therapists
8 Problem solving with the children
9 Homework
10 Write thoughts about the day in Workbook

1 *Homework feedback* In small groups, couples together.

Praise one piece of fluent speech
Praise one piece of good behaviour } check as before.

2 *Discussion: Post-course expectations; Party; Tapes; Follow-up appointments* Parents are always concerned about how to manage their child after the course. They need to be reminded of their role in the child's fluency, as providers of back-up support, *not* as therapists. The children have been trained to help themselves and to ask for help when they need it. The parents should be reminded of all the exercises they have done and that all of these are recorded in the Workbooks. Their task will be to maintain the changes they have made, to continue their homework exercises, and to have a family discussion once a week which may or may not include problem solving. Most parents can expect their children to be more fluent after the course, but there will be 'down times' and these will be discussed during the brainstorm. It is stressed that appointments should be made for all children to be followed up by a speech therapist immediately after the course.

A party at the end of the course is optional and should be arranged by the parents.

Tapes are made for all children by the therapists as a permanent record of their own personal speech technique.

3 *Family sessions*

4 *Observe children brainstorming 'The advantages and disadvantages of stuttering'* Parents find it very difficult to imagine any advantages in stuttering; the children, however, can usually find many advantages. For example, people are more sympathetic, nicer, give you more time and you don't have to read aloud in class, whereas the advantages of fluency are often rather nebulous and unrealistic. This exercise demonstrates clearly to both parents and children the cost involved in becoming fluent. The group returns to their room.

5 *Feedback* The above exercise is always productive, as it makes parents aware of the difficulties their children may encounter in becoming fluent. They need to discuss how they can help their children relinquish the advantages of their stuttering behaviour.

6 *Brainstorm: 'What to do if things go wrong following the course'* At this point, parents feel vulnerable as they begin to anticipate managing without the support of the group in a less protected environment. Following this brainstorm, the 'Advice to Parents' section of the Workbook is carefully explained.

7 *Half an hour with the children's therapists*

8 *Problem solving with the children* The parents problem-solve with their own child and the problem should be the child's or one of the parent's. The therapist should oversee the exercise and only intervene where there are difficulties. It may be necessary for some parents and children to be given extra practice, either as homework or during the last day.

9 *Homework*
(a) Praise one piece of fluent speech
(b) Praise one piece of good behaviour
(c) Problem solve with child.

10 *Write thoughts about the day in Workbook*

Day Nine Children's Group

1 Discussion: The use of fluent speech
2 **The Name Game**
3 Homework feedback
4 Individual work
5 Group verbal game, for example **I packed my Case**
6 Brainstorm: 'The advantages and disadvantages of stuttering'
7 Problem solving with parents
8 Active games, for example **Fruit Salad; Run Round the Circle**
9 Group verbal game, for example **Word Associations**
10 Homework: three-minute conversation with someone at home, using fluent speech

1 *Discussion: The use of fluent speech* The children are instructed to use their fluent speech all day. If they fail to do so, they are reminded.

6 *Brainstorm 'The advantages and disadvantages of stuttering'* The children are asked to brainstorm within the group the positive and negative aspects of stuttering; the parents observe this exercise. The notion of stuttering having advantages may be met with incredulity, but further discussion may help the children realize its benefits, for example, not being told off, not having to read aloud in class and, 'People notice me', or 'People feel sorry for me'. The disadvantages of stuttering are usually identified more easily. The suggestions are written on the board and discussed.

7 *Problem solving with parents* The child joins with his parents to do a problem-solve. The problem must be real rather than hypothetical and it should be *either* the child's *or* the parents' problem.

The therapists carefully check that each family group is doing the problem-solve correctly, ensuring that they are not discussing or rejecting the solutions as they brainstorm them.

Day Ten Parents' Group

1 Homework feedback
2 Discussion: Major life events
3 Exercise on loss
4 Time to organize party
5 Video of children before and after the course
6 Half an hour with children's therapists
7 Final discussion
8 Homework tasks for the next three weeks
9 Party

1 *Homework feedback* The feedback session should take place in small groups (couples together). It is important to find out whether problem solving is being conducted successfully in the home setting.

2 *Discussion: Major life events* It is appropriate to discuss major life events such as death, divorce, changing school or moving house, as these are highly stressful events for all members of the family. Under these circumstances it is likely that the child's speech will be affected in some way. If parents are aware that a move of house or school is imminent, a brainstorm to generate ideas of how to help ease the transition would be useful. For example they may introduce the child to the new school, help him get to know the neighbourhood, and introduce him to some local children who are at the same school.

Families who have already experienced a death can be particularly helpful. The literature suggests that children should be allowed to take part in the mourning process, as they might otherwise blame themselves in some way. They should be helped to understand what has happened, and be allowed to say goodbye to the person if they wish to. One mother poignantly described her son's difficulties in coming to terms with the death of his grandfather: she had felt it necessary to protect him from the death and not to talk about it.

3 *Exercise: Loss* This exercise (see Appendix II) simply demonstrates the feelings that accompany the loss of something as inanimate as a person's keys. How much more, therefore, will the same feelings apply to a loved person? The emotions expressed are part of the mourning process and must be experienced and talked about if the bereavement is to be dealt with successfully.

4 *Time to organize party* Parents organize a goodbye party for all children, parents and therapists.

5 *Video of children before and after the course* Both parents and children are generally interested in their video and assessment results. This information is given to them at the end of the course and the implications for each family are discussed. Initial and final videos of the children's conversation are also shown: these serve as a reminder of the children's progress.

6 *Half an hour with children's therapists* Final details of the child's individual needs are expressed here, and the role the parents should have in relation to the child's homework is established. In most cases parents are *not* directly involved – children make their own contract with their therapist.

7 *Final discussion*

8 *Homework tasks* These are set for the next three weeks:
(a) Praise one piece of fluent speech
(b) Praise one piece of good behaviour
(c) Family discussion once a week (with or without a problem solve)
(d) Daily five minutes' talking time

9 *Party*

Day Ten Children's Group

1 **The Name Game**
2 Homework feedback
3 Brainstorm: 'The advantages and disadvantages of fluency'
4 Active game (of the children's choice)
5 Brainstorm: 'How to stay fluent'

Assessment and tape recording

6 Individual work in Workbooks
7 Active game (of the children's choice)
8 Group verbal games (of the children's choice)
9 Feedback assessment results and watch video
10 Party

On the morning of the final day, during activities 3, 4 and 5, the children are individually withdrawn from the group for reassessment and preparation of the tapes. Where possible, a therapist unknown to the child should carry out the assessment.

An audiotape is individually prepared for each child. The therapist records on the tape a summary of the information in the Workbook, highlighting problem issues for the child and giving instructions where appropriate. The individual fluency factors are listed and the child reads a sentence onto the tape, using his fluent speech. This tape, along with the Workbook, provides a permanent record of the child's individual therapy programme and an example of the fluent speech technique. The child takes the tape and Workbook home with him at the end of the course.

3 *Brainstorm: 'The advantages and disadvantages of fluency'* Following the previous day's discussion of the pros and cons of stuttering, the group now brainstorms the advantages and disadvantages of fluency. This again may be a rather difficult concept for the children to grasp, but several negative aspects of being a fluent speaker may be elicited. This serves to illustrate why it may be difficult for some children to give up stuttering.

5 *Brainstorm: 'How to stay fluent'* This topic is brainstormed by the group, and the ideas generated will be incorporated into tasks following the course. It should be carefully explained to the children that they will not all be able to maintain the high level of fluency achieved on the course, and they will have 'down times' when their speech deteriorates. It is therefore necessary for them to decide what they will do to recoup themselves at such times. The children should be encouraged to think of things they can do for themselves as well as those that other people (such as members of the family, speech therapists etc), can do. Examples of ideas might include: practice, problem solving, see speech therapist, listen to tape, or talk to Mum.

Following the group discussion, the therapists work individually with the children devising personal fluency maintenance plans which are written in the Workbooks (see p. 11).

9 *Feedback assessment results and watch video* The parents and children will be very interested to know the results of the first and last day assessments. This information may be fed back to them, either in the group or individually, as appropriate. The initial and final videos of conversations may also be shown. Parents and children very often remark that they have forgotten how bad the stuttering was at the beginning of the course, thus showing the video can be most productive.

10 *Party* The parents and children may wish to complete the course with a party, when the children can let off steam, relax and socialize.

Adapting the Programme

Although this Programme has been developed as a group intensive course, it has been successfully adapted on a non-intensive individual basis, both in the United Kingdom and in the USA. The stuttering child and his parents must commit themselves to attending each session and completing the homework tasks. The sessions should follow the format laid out in the Parents' Workbook, that is, Expectations, Observation, Listening, etc. Homework tasks may need to be increased to take into account the extra time available between sessions.

It may be necessary for the therapist to arrange extra individual sessions with the child, to work through the fluency programme.

The programme may be arranged in any way that is satisfactory for both the therapist and the family, as long as all sections are covered.

4 Maintenance of Fluency and Social Skills

Traditionally, this phase of therapeutic intervention is referred to as 'Transfer and Maintenance'. 'Transfer' refers to the ability of the client to use his clinical fluency in his everyday life. In the context of this Programme it is seen as an integral part of the intensive course. From Day One onwards, parents and children are experimenting at home with exercises and ideas they have learned on the course. A routine is established, consisting of daily homework tasks and completion of Task Sheets. Topics discussed during the day provide the rationale for the exercises that are set as homework. In this way, the parents begin to make changes in their own behaviour and in their management of the child; the child learns about the choices open to him and can experiment with these in a responsive and sympathetic environment.

All children on the course will acquire fluency skills during the training sessions. Transferring these skills into other situations should present few problems for most children; however, some will find it more difficult. Such children may need to make changes in many other areas before it is possible for them to become more fluent. For example, one child who at first made little progress in transfer of fluency on the course, made great strides in terms of his social relationships. Teachers and relatives reported that he was much more confident and that 'he smiled more, was more at ease, easier to talk to and get along with'. A few months later a gradual increase in fluency was noted and nine months on, there was a dramatic improvement. This child clearly needed to develop his social skills before he could use the fluency skills he had acquired.

Recent literature suggests that 'locus of control' may be significant in the maintenance of fluency. Conclusions drawn from several studies of perceived control and long-term outcome after therapy, suggest that the ability of a person to perceive that he has control increases his ability to adapt to situations encountered in the environment (Bandura, 1982; Craig and Andrews, 1985). We aim to teach children to take responsibility for their actions and adapt to the events that confront them, thus learning how to help themselves. An initial study, looking at the effects of this two-week intensive course on the locus of control of children and their parents (Capps, 1985), demonstrated that children move from more *external* to more *internal* locus of control as a result of the course. This would imply that their perception of personal control over their own behaviour had been enhanced.

The data collected also revealed a positively-correlated relationship

between how well the parents maintained their newly-acquired social skills and their child's fluency level at the six-week follow-up assessment. These data, though not conclusive, support the hypothesis embedded in this Programme. If the parents can maintain changes in the environment of the child that facilitate the maintenance of fluency, then the long-term prognosis is good (Rustin, Botterill: in manuscript). The parents therefore provide the principal means to attaining long-term fluency for the child.

Following the course, parents are required to fill in Task Sheets, to be returned at the end of each week. The tasks are set at the end of the course and usually include a praising task every day (for fluency and good behaviour) and a family discussion once a week. The therapist should reply to each of these homework sheets, offering suggestions if there are any difficulties and praising the parents for completing their tasks. In this way, parents who are not fulfilling their commitment, or who are having difficulties, can be identified immediately and given appropriate assistance.

Follow-up Sessions

Initially, the parents and the children will require regular, weekly therapy to monitor their fluency skills and their homework tasks. A flexible approach should be adopted, however, as some families prefer to call upon their therapists as and when it is required.

The first follow-up session is held three weeks after the course and is for the parents, *not* the children. Deterioration in the child's speech is often reported approximately three weeks following the course. Parents need extra support at this time, to help them maintain their tasks and give the children the extra support they need to recoup themselves. This session is spent discussing problems the parents have encountered during the three weeks, supporting and encouraging them and praising all of them for the successes they have had.

All other follow-up sessions are held with the parents *and* the children. They are held six weeks, three months, six months and twelve months after the course.

Children's Group

The children are reassessed on two minutes' reading, monologue and conversation by a therapist unknown to them (see the Fluency Measurement sheet in the Assessment Booklet). The rest of the session is spent consolidating their fluency skills and problem-solving any difficulties which may have emerged. The pattern of games and exercises is determined by the children and is based on the needs they have expressed at the beginning of the day. Finally, the children will re-negotiate their homework tasks with the therapist at the end of the session.

Parents' Group

The parents' first task is to relate their progress to the group. It is important to encourage them to report the successes *and* the failures, as this will provide the material for group activities during the session.

The format of the day is dependant on the issues that the parents present and activities should be chosen to fulfil their needs. It is usual to include a problem-solving exercise and a technique retraining session and may involve some families in a family session where necessary. Homework tasks and the completion of Task Sheets are re-negotiated before the end of the session.

In the event of a child reverting to his previous stuttering behaviour, it may be necessary to recall the whole family to investigate the circumstances currently affecting them. Arrangements should be made to support the family through this time and tasks should be set to help them recoup themselves as soon as possible. One family, for example, came to discuss the stuttering child's problem: during the session with the family, it became clear that the mother was not coping successfully with her life and that this in turn was affecting all the other members of the family. The stuttering was the symptom that temporarily became the focus for this family's anxiety. The family was able to help the mother resolve her problem with several practical strategies. She was then able to resume her homework tasks and the stuttering child regained his fluency.

Families report that they find the follow-up sessions helpful and supportive and wish to continue them even when therapy for their child is no longer necessary.

They are encouraged to use other members of the group as a self-help support system, and both the children and the parents should telephone each other to see how practice is being maintained. This programme also enables those children who might continue to stutter for some time to be able to deal with their lives more successfully, and helps their parents to manage them in a more productive way.

A socially-skilled stutterer is more acceptable to society than one who is socially unskilled.

APPENDIX I
Guidelines for Discussion

The following notes for parents should be discussed in the parent group as indicated in the programme. The therapist should encourage the parents to make a critical evaluation of the ideas presented; questioning their validity in the context of their own lives. At the end of the discussion, parents will be able to compile their own list of guidelines for future reference and should record this in their Workbooks.

Reactions to Stuttering

'What should I do when my child stutters?'

Do:

1 listen to *what* he is saying, not *how* he is saying it
2 give him time and wait until he has finished
3 try to behave as you would if he were fluent
4 follow the suggestions that your child has made, especially if he gets stuck and feels uncomfortable; for example, tell him to slow down and take his time
5 keep calm so that your child does not feel under pressure to speak more quickly
6 be careful not to pay more attention to your child's stuttering than to his fluent speech
7 slow down your own rate of speech

Do not:

1 hit him
2 walk away
3 tell him to stop stuttering
4 punish him
5 look worried
6 get angry or impatient
7 guess and say the words for him
8 ask too many questions

See Day Two (Parents' Group, 9, 15(c)) and Day Three (Parents' Group, 1).

Listening

'What should I do when I listen to my child?'

1 If you are busy, tell him that you want to know what he has to say but you would like him to wait until you are ready to listen. Try to find a convenient stopping-place in your activity so that he does not have to wait too long, and then give him your full listening attention.
2 Look at him.
3 Talk to him face to face and, where possible, at his own level.
4 Demonstrate that you are listening by responding to his conversation.
5 Don't *pretend* to be listening when your mind is occupied with other matters.

See Day Three (Parents' Group, 4)

Praise

'How can I help build my child's self-confidence?'

1 Praise him at least once a day for doing something well, such as painting a picture for you, or clearing the table.
2 Be honest, sincere and appropriate in your praise.
3 When thanking your child for doing a task, supplement it with a praising statement, for example, 'You did really well'.
4 Encourage your child to praise *you*, by reacting to his praise in a positive way.

See Day Four (Parents' Group, 7)

Turn Taking

'How can I improve turn-taking in my own family?

1 Try to set aside a particular time for taking turns, perhaps at supper time.
2 Tell the family that while one member is talking, the others should wait until they have finished; then someone else should have a turn.
3 If a person interrupts, they should be told 'When . . . . . has finished, it will be your turn and no-one will interrupt you'.
4 If a member of the family is talking for an unusually long time, they should be stopped and told to give someone else a turn.
5 Any member who is becoming boring or repetitive, or is simply rambling on, should be reminded of the value of being concise and interesting.
6 Don't allow the stuttering child to interrupt if you wouldn't do so if he were fluent.

Please note that these suggestions should apply to *all* members of the family.

See Day Five (Parents' Group, 6).

Discipline

'What should I do when my child misbehaves?'

1 Try to match the punishment with the offence.
2 Do not make any threats of punishment that you are not prepared to carry out. For example, 'If you do that again, I will throw it away!'
3 Be consistent. Having threatened a particular punishment, be sure to carry it out.
4 Give the child a warning, making sure that he has understood the punishment threatened and is given time to correct the misbehaviour.

5 Try to reduce the number of times you say 'No'. Save it for when you really need it.
6 Where possible, divert the child away from the misdemeanour on to a more constructive activity. For example, instead of saying 'No, don't do that', try saying 'Why don't you come and help me bake a cake?'

See Day Six (Parents' Group, 8(a)) and Day Seven (Parents' Group, 1(a)).

APPENDIX II
Games and Exercises

Group Gelling Games

The Name Game

The group stands in a circle and one person throws an object (bean bag, ball or keys, for example) to another person, naming first himself, then the other person: saying out loud, 'Jane to Tom' and so on. The second person then throws the object again, naming himself and the person to whom *he* throws the object. The game continues until each person in the group has had two or three turns.

'Stand on my Right'

The group stands in a circle and each person calls simultaneously to one other person, naming the person, and instructing them to stand on their left or right; for example, 'Dave, stand on my right'. Consequently, everyone is constantly on the move, having to listen carefully and call other people in a loud voice.

The Introduction Game

The group splits into pairs and each person is instructed to find out three things about his partner, which he did not already know. The large group then re-forms and each person must introduce their partners by name and then recount the three pieces of information, for example, 'This is Clive – he likes rugby, lives in Devon and has a pet snake.'

Looking Games

Eye Swap Chairs

1 The group sit on chairs in a circle.
2 One person stands in the centre of the circle.
3 The seated members change chairs with another group member if they can 'catch his eye'. The changing of chairs can be done at random (that is, there is no turn-taking).
4 The person in the centre has to try to take another person's chair while the others change chairs.
5 At intervals a member may shout 'all change' and every seated person has to change his chair.

Killer Wink

1 Every member of the group picks a folded piece of paper out of a box. Those picking blank papers are the potential victims. The person with a drawing of a revolver on the paper is the killer and the one with a drawing of a magnifying glass is the detective. There should be as many pieces of paper as people in the group, but only *one* killer and *one* detective.
2 Only the detective should make his identity known to the group.
3 Everyone walks around the room. The killer has to wink at the

victims, who drop dead, while the detective tries to identify the killer.

The Observation Game

1 The group divides into pairs and partners stand opposite one another in two lines, which we shall call 'A' and 'B',
2 Membes of Line A are to observe their partners in Line B, who take a fixed stance.
3 Members of Line A are then requested to turn around and face away from their partner for 30 seconds, while Line B change three things about themselves, (i) in the face, (ii) in the body, (iii) anything else of their choice (for example, taking off watch).
4 Line A are instructed to turn around and identify the three changes made by their partner and then to discuss these changes to see if they are correct.
5 The exercise is then repeated, changing roles.

Miming Emotions

1 Everyone is handed a piece of paper with an emotion written on it ('happy', 'fed-up', 'excited', for example).
2 Each person in turn mimes his emotion, while the others guess what it is.

Chinese Gestures

1 Everyone sits in a circle with their eyes closed.
2 The first person is to mime an action, such as brushing his teeth.
3 He taps the person on his left who opens his eyes to watch the mime so that he can pass it on.
4 *He* taps the person on *his* left and passes the mime on to the next person, etc.
5 Once a person has opened his eyes to receive the mime and has passed it on, he may keep them open to watch it progress round the circle.
6 The last person then performs the mime he has just received and this is compared with the original mime.

Listening Games

The Listening Game

1 The group splits into sub-groups of threes.
2 Within each trio, three roles are assigned; (i) speaker, (ii) listener, (iii) observer. The speaker and listener sit opposite one another and the observer sits by the side, facing in.
3 The speaker is instructed to give a short, simple account of an event which actually happened to them. The speaker should not be interrupted or questioned. The listener is instructed to listen to what is being said then to repeat back the narrative as accurately as possible to the speaker. The observer is to listen to both accounts and then comment on the listener's performance.
4 The game is repeated twice more so that each group member has a turn at being speaker, listener and observer.

By the Sea

1 One person is the 'caller' and the rest of the group listen and act accordingly.
2 The caller may say 'high tide', whereupon everyone jumps onto a chair or suitable surface; 'low tide', when everyone should jump onto the floor; 'swimming', when everyone should mime the action of swimming, and so on.
3 If desired, the last person to respond or the one who gives an inappropriate response can change places with the caller.

The Bear and the Honeypot

1 One person is the bear, and sits in the middle of the room blindfolded.
2 The rest of the group sit around him in a circle.
3 A 'honeypot' is placed beside the bear.
4 An adult in charge points to any person in the circle, who then has to try and get the honeypot from the bear.
5 The bear has to listen and try and point to the person who is creeping up on him.
6 If the bear points correctly, he changes places with the would-be-thief.

Praise Games

The Praise Game

The Praise Game, played in pairs

The group is instructed to split into pairs and have a conversation for three minutes during which time they must each praise or make a positive statement to their partner. The large group then re-forms and each person is then asked (i) if they were praised; (ii) what was the praise? Their partner is then asked how the person reacted to the praise.

The Group Praise Game

The group sits in a circle and each person in turn is instructed to praise or make a positive statement about the person sitting on their right. That person is to respond to the praise and then praise the next person. The exercise continues until every member of the group has been praised and responded to the praise.

Interrupting Games

Breaking into the Circle

One member is asked to volunteer to stand outside the group. The rest of the group is instructed to stand in a circle, link arms and close any gaps between them. The 'outsider' should try to break into the circle but the rest of the group are instructed not to allow this.

Breaking into the Conversation

The group is instructed to divide into small groups of three. Within each small group, each person elects to play the role of either stuttering child, mother or father. The mother and father are instructed to hold a conversation and to resist any attempts the child makes to interrupt. The child is instructed to try to interrupt the parents' conversation and the parents are told to talk with each other and not allow the child into the conversation.

Talking Games

The Parson's Cat

1 Everyone sits in a circle.
2 Each person in turn has to describe the Parson's cat with an adjective that starts with a particular letter of the alphabet.
3 The group slowly works its way through the alphabet. For example:
(i) The Parson's cat is an *angry* cat (A)
(ii) The Parson's cat is a *bad* cat (B)
(iii) The Parson's cat is a *crazy* cat (C)

I went to Market

1 Everyone sits in a circle.
2 The first person starts the game by saying 'I went to the market and I bought a . . .' and mimes, as well as states, what he bought.
3 Round the circle, each member in turn has to state and mime the articles everyone before him bought and then add his own purchase to the list.

Word Associations

1 The group sits in a circle.
2 The first person says a pair of words, for example, 'cat and dog'.
3 The next person takes the second word of the pair and adds one of his own, for example, 'dog and bone' etc.

I packed my Case

This is played the same way as *I went to Market*, except the items named are things to take away on a holiday.

Famous People

1 Every group member has pinned on his back the name of a well-known person, such as a TV personality.
2 People mill around and have to ask questions about themselves, to try and guess who they are meant to be: 'Am I a man or a woman?', 'Am I on TV?' and so on.

Active Games

Fruit Salad

1 Everyone sits in a circle with one person in the middle.
2 Each person chooses the name of a fruit. (Note: this game can also be played with names of football teams, etc.)
3 The person in the middle calls the name of two fruits who then have to swap chairs while the middle-man tries to get one of the seats himself.
4 The person who has lost his seat then goes to sit in the middle and starts to call.
5 Every now and again, he may call 'fruit salad' and everyone has to swap chairs.

Numbers on the Floor

1 One person is the 'caller'. He may, or may not, have another person to help him check.
2 The caller calls a number and all the group members have to ensure that they have the required number of parts of their body on the floor.
3 The person checks to ensure that all the group members have the correct number on the floor.
4 This game can be varied by getting the group to split into pairs

or threes while the same exercise is done.

Run round the Circle

1 The group stand shoulder-to-shoulder, to form a close circle facing inwards
2 One member has to stand outside the circle.
3 This person walks round the circle and at random taps any one member on the shoulder.
4 These two people then have to race in opposite directions round the outside of the circle to return to and claim the vacant spot.
5 The 'loser' then takes his turn in walking round the circle to tap someone on the shoulder, and the game continues.

Team Machine

1 The main group divides into two or more groups (depending on size).
2 Each smaller group chooses a machine or a piece of equipment, for example, a combine harvester, a tape recorder, etc. The members of the group then combine to become working parts of the machine: *every* group member should be involved.
3 Each group, in turn, demonstrates its machine and the others guess what it is.

Tangle

1 Two members of the group leave the room.
2 All the others join hands and form a circle.
3 They then get into a tangle by going under and over the arches formed by the joint arms.
4 No-one must let go of their hands at any point.
5 The two members return to the room and unravel the tangle using both verbal and physical directions.

Relaxation Games

Melting/Freezing Snowmen

The group are instructed to stand and make themselves look like snowmen – as if they are frozen stiff, made of tightly-packed ice, and standing out in the cold. The group leader then describes the sun coming out and beginning to melt the snowmen, so they gradually begin to get wet and drip, then thaw and melt into a puddle. The snowmen may start to freeze again and then melt, contrasting the two states.

Rag Dolls and Soldiers

The group pretend to be tin soldiers, standing stiff and upright and marching around keeping their bodies rigid. They then become rag dolls who have nothing to support them and keep them upright, so they have to sit on a chair or lie down.

Stiff and Wobbly Foods

The group first thinks of different types of food which are stiff or wobbly: for example (stiff) celery, carrot, parsnip, twiglet; (wobbly) jelly, yoghourt, custard. The group then pretend to be the various foods, contrasting the stiff with the wobbly.

Loss Exercise

Each member of the group is instructed to select one item currently in their possession, which they would be extremely upset to lose or have stolen. This could be something from their handbag, wallet or pocket. They should hold this item in their hand. Each person is then asked to imagine the feelings they would experience if they lost the article. All the emotions are written on the blackboard and a full discussion regarding these feelings should follow. The feelings expressed may include anger, anxiety, depression, distress and crying.

APPENDIX III

ASSESSMENT AND THERAPY PROGRAMME FOR DYSFLUENT CHILDREN

Lena Rustin

Parents' Workbook

Name Mary Thompson

SAMPLE

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Expectations

What do you expect *your child* to gain from this course?

Increased confidence

To be able to relax more

To get control of his speech and breathing

To be able to cope with his speech problem

What do *you* expect to gain from this course?

To know what to do

To understand more about stuttering

To find out what we can do to help our son

SAMPLE

Stuttering: the facts

1. The predisposition to stutter is inherited, therefore stuttering may run in families.
2. Stuttering is, in the main, a disorder of childhood and onset is usually between two and five years of age.
3. Boys are affected more than girls.
4. Stutterers as a group are slightly less skilful with their speech motor processes; therefore the faster they try to talk, the more likely they are to stutter. This means that they need more time to coordinate all the muscles involved in speaking.
5. Stuttering is reported in all cultures and in all social groups.
6. Although no differences in personality factors are demonstrated amongst stutterers, they do show more difficulties with social adjustment.
7. The chances of overcoming stuttering are quite high in children and many have been shown to 'cure themselves'.
8. Parents do not 'cause' stuttering, but can help their child to become more fluent.

Brainstorming

1. Aim for quantity, not quality of ideas.
2. Let the mind wander, wild ideas often turn out to be the best.
3. Do not judge ideas, this can be sorted out later.
4. Build on the ideas of others.

Brainstorm: 'What do we need to do to become good communicators?'

1. Clarity of speech
2. Unhurried
3. Good listening
4. Looking
5. Self-confidence
6. Turn taking
7. Pay attention
8. Interesting voice
9. Need to get a response
10. Understanding
11. Not interrupting
12. Appropriate facial expression
13. Relaxed

Observation

Brainstorm: 'Why is observation important in communication?'

1. You can change what you say according to the reaction you get.
2. You can see what others' reactions are.
3. Wait for a place to butt in (turn-taking).

What can observation tell us about other people?

1. Tells us if they are bored, shy or nervous.
2. Lets you know they've understood.
3. You can tell if they're sympathetic.
4. You know how they feel.

How could I improve my observation skills?

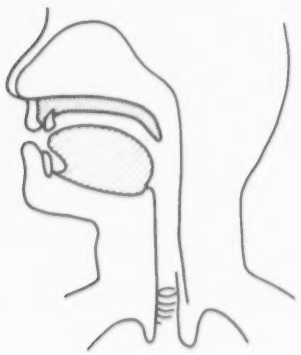
Take more time to look when I am talking to someone.

Observe other people talking.

Relax?

Speech Production

What is normal speech?



1. Lungs - for breathing out
2. Voice box - makes sound
3. Tongue, Lips, Palate, Nose — these help to make the sounds.

Brainstorm: 'What can go wrong with speech production?'

Cleft palate, laryngectomy, elective mute, stuttering, laryngitis, articulation problem, hare lip, tongue-tie, brain damage, lisp, deafness, food allergy, mental handicap, stroke.

Brainstorm: 'What is stuttering?'

Breathing struggle, bad link between brain and speech, facial twitch, wriggling, talking too quietly, repeating words | sounds | sentences, prolonging sounds. Excitement, tension, 'getting stuck', avoiding certain words.

Brainstorm: 'What can help fluency?'

Slowing down
Relaxing
Getting unstuck!
Getting breathing right.
Flowing speech.
Not breaking the words up.

Listening

Brainstorm: 'Why is listening important for good communication?'

People trust you if you listen. People are more honest. It helps you understand. You get feedback. Tells you when to come into conversation. Shows you care.

What does listening involve?

You have to concentrate and pay attention. Look at the person.

What should I do when I listen to my child?

Don't listen to the stutter, listen to what he's saying. Look at him. Remove distracting things like the radio and TV.

What can I do to improve my listening skills?

Give the person more time.
Concentrate
Show interest

Praise

Brainstorm: 'What does praising involve and why is it important?'

Being able to find something good to praise. You have to receive it well (not throw it away). You have to mean it. It makes us feel good, wanted, confident etc.

How can I help build my child's self-confidence?

Look for his good points and make a point of praising them regularly. Make sure I don't add a criticism e.g. 'Why don't you always do that?'

How can I do more praising at home?

Set myself a task and practise it

Look for good points

Praise something straight away — don't wait.

Brainstorm: 'Different ways of saying "Well done!"'

Great! Excellent! Good show! Splendid!

Terrific! You are the greatest! What a star!

Wonderful, super etc...

Turn-taking

Brainstorm: 'Why is turn-taking important in communication?'

Makes a person feel part of the group.

Shows that you are listening.

Shows that you are interested.

What does turn-taking involve?

-have to look and listen -know how to start/ carry on a conversation -how to let others know you want a turn - know when to stop!

How can I improve turn-taking in my own family?

Direct it; hand the conversation on; butt in myself sometimes; tell them to stop and let someone else have a turn.

Relaxation

Brainstorm: 'What makes us tense?'

Arguments Talking to important people

Too many things to do Speaking in groups

Being put on the spot Being in a hurry

Which parts of my body show tension? Note how often these behaviours occur:	
Shoulders hunched up	yes. when I am driving
Upper arms clenched to sides or arms folded tightly	
Fingers clenched	
Fingers fidgeting	most of the time
Legs crossed tightly	yes. Especially on the 'phone.
Knees drawn together	
Feet tapping/flexed	Occasionally— when impatient.
Back held forward or hunched when sitting	
Teeth clenched together	
Biting lip	
Pulling eyebrows down into a frown	Especially at the end of the day
Breathing faster than normal	
Butterflies	
Shaking or trembling	
Any other signs of physical tension	Biting nails.

Brainstorm: 'Why is it important to be relaxed?'

Reduces stress; stops me cracking up; more energy; helps communication; see things in better perspective; more attractive to others.

Why is it important for my child to be relaxed?

It helps his speech; helps him cope better. He will sleep better. He will have more confidence.

What can I do to help us both be more relaxed?

Speak more slowly.
Organize time better!
Make time to listen to him.

Discipline

Brainstorm: 'What should I do when my child misbehaves?' Give him warning of what the punishment will be; deny him something he likes. Punish him. Discuss problem with him. Reward him with praise if he does not misbehave.

Problem Solving

1. Place the problem in the circle.
2. Brainstorm alternative ways of managing the problem.
3. Eliminate those choices that are unsuitable.
4. Look at the outcomes of the remaining choices.
5. Arrange the remaining solutions in the order in which you would like to try them.
6. Try out the solution and assess its effectiveness.

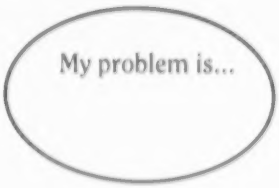
My problem is... how to deal with my anxiety about John's poor attitude to working for exams.
Discuss it once more with John
Count to 10 before speaking to John
Tell J. the consequences of not doing his work - and then he's on his own!
Distract myself, e.g. by doing some sport.
Get one of John's friends to talk to him.
Stop discussing it with John for a while.
Talk to John about other things: only mention exams if he brings it up.
Give myself a set 'Worrying Time' and not worry outside this time!
Relaxation every day
Ignore John
Ask J. what he'd like me to do to help him.
Sit down and tell John exactly what his behaviour is doing to me.
Teach J. problem-solving
Seek professional help for John

Exercise

Solutions

1. Talk to John about other things - Only mention exams if he does. 2. Have a set 'Worrying Time' 3. Distract myself by doing something like sport.

Problem solving: My problem



Solutions

Family Session

During the family session we agreed:

1. to give John £1 pocket money + Claire £1-50
2. If John stutters, we can remind him - no more than twice a day.
3. If I shout, John will warn me. If I carry on, I pay a 5p fine every 5 mins.
4. If J. tidies room for one week: 10p extra pocket m.
5. J.+C. not to go into other's room unless they knock. 10p fine if they don't do this - pay to each other.
6. If John not ready for school, I will remind once, then leave without him and he will tell teacher why he is late.

Maintaining Fluency

Brainstorm: 'What to do when things go wrong following the course'

Problem solve with family - discuss.
Look at workbook
Check I am not going back to old ways!.
Speak to Speech therapist.

Thoughts on daily activities

Week One

Monday I found the day quite tiring! There are so many things to remember! I was nervous talking in the group at first, but felt more comfortable after playing the game. Now I know how John feels in class when he has to speak out. It is great to see there are other families with the same problem as us.
Tuesday
Wednesday
Thursday
Friday

SAMPLE

Week Two

Monday
Tuesday
Wednesday
Thursday
Friday

SAMPLE

Advice to Parents

1. **Listening**
   It is important to listen carefully and pay attention to exactly *what* your child is saying, rather than *how* he is saying it. If you are busy and will not be able to give your full attention, tell your child you will listen to him when you have finished what your are doing, and be sure that you do so. If you find that when you are listening to your child he is becoming rather wordy and boring, point out to him the value of being brief and interesting.

2. **Time**
   Your child needs your time and you should try to give him your undivided attention on his own for at least five minutes a day. During this time, either have a general chat, use some of the games played on the course or play a game of the child's choice.

3. **Turn-taking**
   It is very important, especially in a busy, noisy household, that each child has the opportunity to have his 'say'. He needs to know that he will have a turn and that it will be someone else's turn after him. It is important both that he is sure of having time to talk *and* that he should know when it is time for him to stop and let someone else have a turn. Try to ensure that nobody (including yourself!) is allowed to interrupt during a person's turn to talk.

4. **Confidence and praise**
   Help build your child's confidence by making sure that at least once a day you praise him for doing something you approve of. For example, if he offers to help you do something, answer, 'thank you for offering....., you are a good boy'. This is very important as it makes your child feel good and helps him learn about the things that please you.

5. **Expectations**
   Be sure that you do not expect too much from your child, both in terms of fluency and in other areas. Try to keep realistic expectations, based on what you have learned during this course.

6. **Family discussions**
   Set aside a time once a week when the whole family can meet together for a general discussion. Each person should be allowed to express an opinion during this session and the problem solving technique may prove helpful where there are difficulties.

7. **Down times**
   There will be times when your child's speech deteriorates. You may or may not be able to find a reason for it. During such times you should:

   a) talk about the problem
   b) spend time with him
   c) practise with him
   d) contact your local therapist
   e) make sure that *you* are not slipping back, and check that you are supporting him in the ways we have suggested.

SAMPLE

APPENDIX IV

ASSESSMENT AND THERAPY PROGRAMME FOR DYSFLUENT CHILDREN

Lena Rustin

Children's Workbook

Name John Thompson

SAMPLE

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Expectations

What do I want to achieve on this course?

I want to be more confident
I want to be more fluent with my talking

I don't want to be scared to talk in class
I'd like to be better on the ~~fo~~ phone

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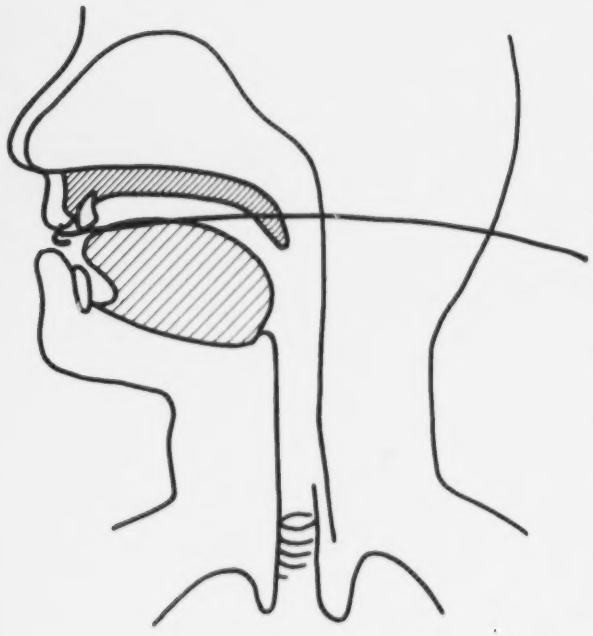
Talking

Brainstorm: Talking

clear
don't interrupt
SLOWLY
listening
don't be distracted
eye contact
good facial expression
commenting on what person says
don't think about your own talking all the time
don't be boring
don't change subject
talk loud enough
boddy language
use good gesture
don't rush
looking
don't get too close

Speech Production

What is speech? How is speech made?



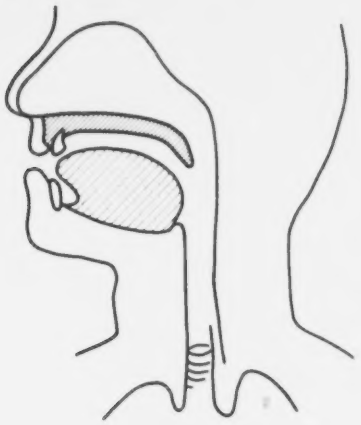
Lungs for breathing
Voice box for sound
Tongue, lips, gums and teeth help to make words.

Brainstorm: 'What can go wrong with speech?'

CLEFT PALATE
deaf
lisp
harelip
voice box taken out
can't understand
stutter
tongue tie
nasal speech
drunk !
can't say sounds
stroke

SAMPLE

My problem is . . .



my tongue gets in a knot
my voice gets stuck

Breathing

What happens when I stutter?

I don't have enough breath
My voice gets stuck
My tongue gets in a knot

What can I do about it?

Practise breathing exersises
Relax throat + breathe out gently before saying the word. Use soft sounds, keeping the tongue easy.

What is fluency?

smooth,
easy,
flowing, relaxed talking

How can I be fluent?

speak smoothly and softly - soft contacts
Flow the words together
Speak slowly
Good breathing. Pausing
Relax - keep voice going up + down, NOT monotonous.

SAMPLE

Practising Fluency

Modelling

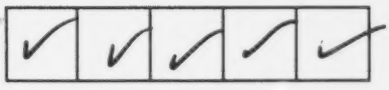
The sequence to be followed is:
(a) therapist;
(b) therapist and child;
(c) child

1 Single words

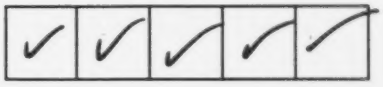
2 Two-word phrases

3 Three-word phrases

4 Four-word phrases



5 Five-word phrases



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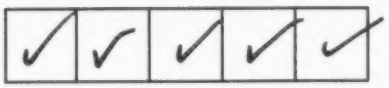
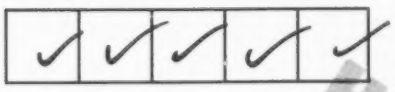
Fluency Stages

Stage One: Reading

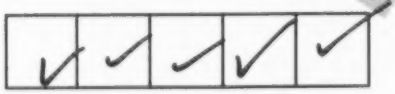
1 One word



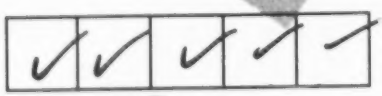
2 Two words at a time



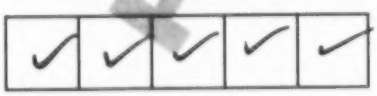
3 Three words at a time



4 Four words at a time



5 Five words at a time



6 One sentence

Two sentences at a time

Three sentences at a time

Four sentences at a time

Five sentences at a time

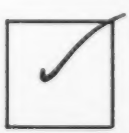
7 Timed reading: 30 seconds

1 minute

1½ minutes

2 minutes

Stage One Complete



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Stage Two: Picture Description or Monologue

1 Say one word

2 Say two words at a time

3 Say three words at a time

4 Say four words at a time

5 Say five words at a time

6 Say one sentence

Say two sentences at a time

Say three sentences at a time

Say four sentences at a time

Say five sentences at a time

7 Timed speech: 30 seconds

1 minute

1½ minutes

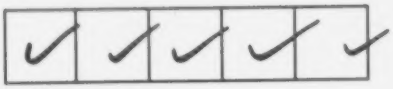
2 minutes

Stage Two Complete

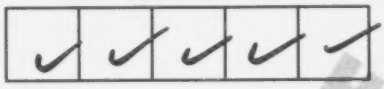
SAMPLE

Stage Three: Conversation

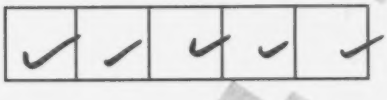
1 Say one word



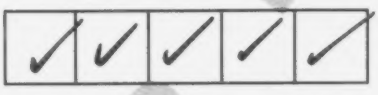
2 Say two words at a time



3 Say three words at a time



4 Say four words at a time



5 Say five words at a time

6 Say one sentence

Say two sentences at a time

Say three sentences at a time

Say four sentences at a time

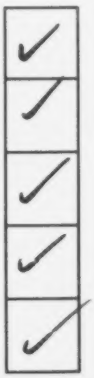
Say five sentences at a time

7 Timed speech: 30 seconds

1 minute

1½ minutes

2 minutes



Stage Three Complete

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Relaxation

Brainstorm: 'What is relaxation?'

Feeling easy
Calm
Not fritencd of talking
Not moving about all the time
Not fidgeting
Not getting worked up
Thinking calmly

Why do I need to be relaxed?

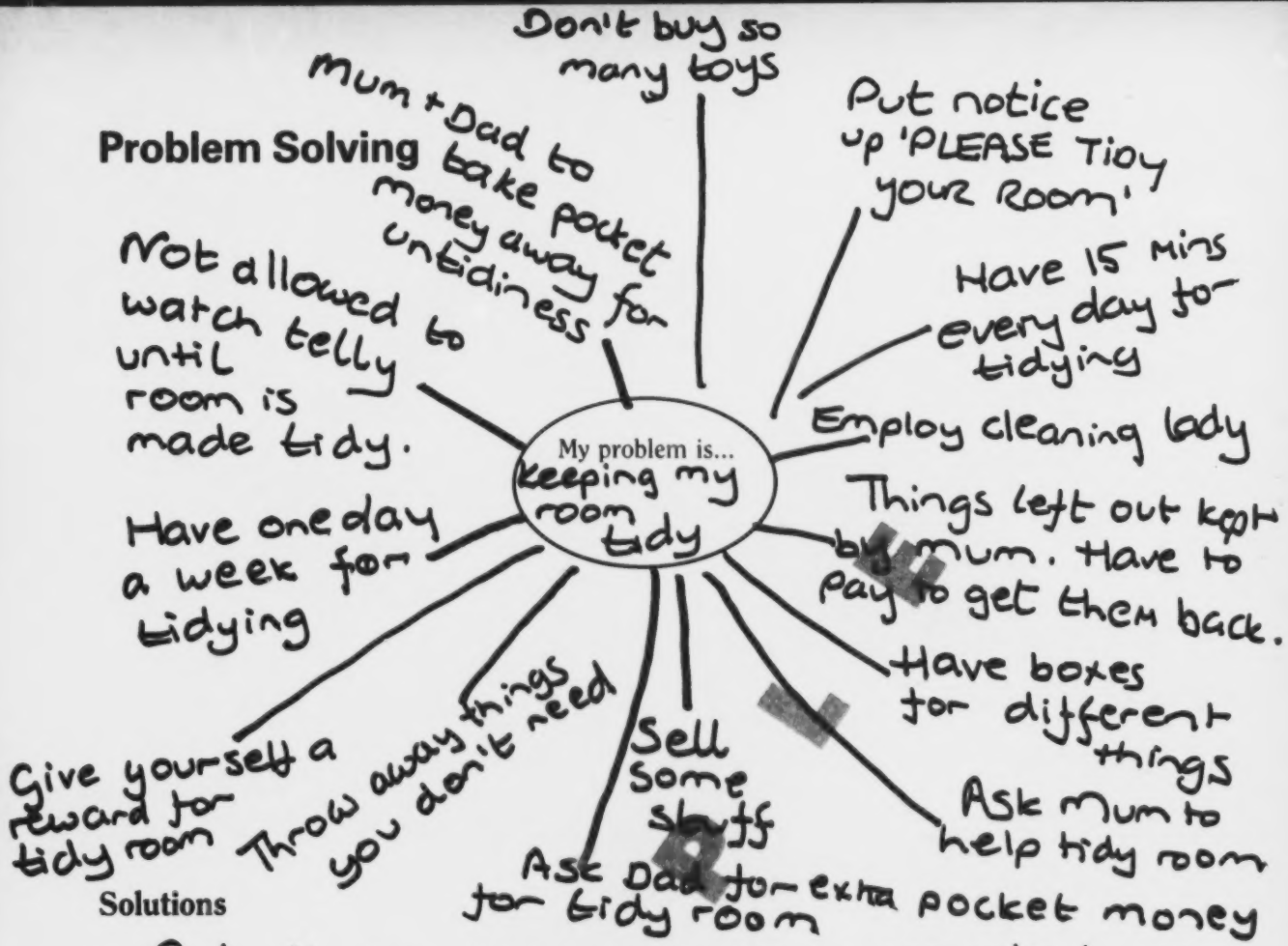
So my fluency will be better
to help me with my problems
make me feel more confident
So I don't get angry with myself
To help me think clearly

What can I do to help myself be more relaxed?

Easy breathing
Let my mussles go floppy
Sit down quietly for a while
Give myself time to think

SAMPLE

Problem Solving


My problem is... keeping my room tidy
Don't buy so many toys
Mum + Dad to take pocket money away for untidiness
Not allowed to watch telly until room is made tidy.
Have one day a week for tidying
Put notice up 'PLEASE TIDY your Room'
Have 15 mins every day for tidying
Employ cleaning lady
Things left out kept by mum. Have to pay to get them back.
Have boxes for different things
Ask mum to help tidy room
Ask Dad for extra pocket money for tidy room
Sell some stuff
Throw away things you don't need
Give yourself a reward for tidy room

Solutions

1. Put all my toys + books in separate boxes
2. Extra pocket money for tidyness
3. Parents to take pocket money away if I am not tidy 4. Have one day a week for tidying
5. Keep a chart of tidiness

Results

1. I put my things in separate boxes and it looks much better now
2. My mum is going to give me 10p for tidying my room once a week.

Family Meeting

During the family meeting I agreed to... Pocket money will be £1 a week which I can spend a what I like. To use my technique when my Mum or dad remind me that I'm stuttering. They can only remind me twice a day. To tell my Mum when she is shouting and she is to STOP after one warning. Otherwise she is to pay me 5p for every 5min she keeps shouting! To tidy my room once a wk + put things in separate boxes. If my room is tidy for one week, I get an extra 10p. I agree not to go into Claire's bed room without knocking + she must say I can go in. If I go in without her permission I must pay her a 10p fine. If she comes into my room without knocking, she pays me 10p. My mum can remind me once to get ready for school + if I'm not ready she'll go without me and I will have to tell the teacher why I'm late.

How to Stay Fluent

Brainstorm: 'How to stay fluent'

Keep calm. Practise relaxing. Speak slowly. Practise my smooth speech 5 times a week for 5 mins. Remember to listen carefully and look at the person I'm talking to. Breathe easily and remember to pause and give myself time.

If my speech gets worse, what can I do to help myself?

Listen to my tape that we made on the course. Practise relaxing. Talk to my Mum and Dad about it. Do a problem solve with my Family. Practise smooth speech. Ask Mum + Dad to talk in smooth speech for a little while to help me.

Homework diary

	Week 1	Week 2
Monday	1. Times when I want to speak 2. Times when I don't want to speak	1. Say something NICE to mum+dad + write down how they react. 2. Read one page using fluent speed.
Tuesday	Play Observation with Mum and Dad.	Prepare a one minute monologue about my favourite TV programme.
Wednesday	Play the Listening game with my Mum and Dad	Have one minute chat with Mum or Dad, using fluent speech.
Thursday	Read five sentences using Fluent Speech	Have 3 min conversation with sumone at home using fluent speech.
Friday	one Read a page using fluent speech two Problem Solve HOW TO ESCAPE FROM A ROOM!	5 minutes practice using Fluent Speech - 5 times a week.
Saturday	Read a page using Fluent Speech.	
Sunday	Read a page using Fluent Speech.	

ASSESSMENT AND THERAPY PROGRAMME FOR DYSFLUENT CHILDREN: TASK SHEET

Family name: ..... **First name(s):** .....

Address: .....

Date	Task(s)	Description of what happened	Comments or feelings

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This Task Sheet may be photocopied.

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Other materials for fluency therapy . . .

FLUENCY CRITERION PROGRAM: A Stuttering Management System for Children and Adults (1986) *by Janice Pechter Herring*

Here's a therapy program to help your clients achieve and maintain fluent speech within a maximum of 30 to 35 sessions. Four key stages underlie the program's effectiveness—Identification, Target Training, Evaluation, and Carryover. You'll have everything you need to implement the program. The manual features the program's rationale, instructional objectives, reproducible worksheets and recordkeeping forms, and sample charts. With an audio cassette demonstrating the target techniques.

Catalog No. 7247-Y $19.95

FLUENCY CRITERION PROGRAM FOR YOUNG CHILDREN.: A Stuttering Management System (1988) *by Janice Pechter Herring*

An effective, high-interest way to help young children achieve and maintain fluent speech within 20 to 30 lessons. Like the original *Fluency Criterion Program* for older clients, this new program features the same four key stages to achieve maximum effectiveness—Identification, Target Training, Evaluation, and Carryover. The program includes an instructional manual with step-by-step instructions and an audiocassette which demonstrates and trains you to use the target techniques.

Catalog No. 7529-Y $25

More outstanding speech/language materials . . .

SEMANTICALLY SPEAKING: A Game for Building Vocabulary Skills (1986)
by Elaine Burke Krassowski

Here's a captivating game for teaching word skills. Your students can practice new vocabulary as they go around a magic castle gameboard . . . going through secret doors and winning colorful tokens. You can meet these instructional goals: recognizing synonyms and antonyms, comparing words and their meanings, naming a word after listening to clues, explaining metaphors and similes, and interpreting proverbs. **Catalog No. 7336-Y $35**

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Use these five games to elicit correct syntax production. Each game targets specific structures, including Pronoun Playground, Verb Voyage, Adjective Antics, Adverb Derby, and Question Mansion. *Syntaxercises* comes complete with five colorful gameboards, instructions for each game, and all the components you need for two to six players. **Catalog No. 7429-Y $24.95**

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This updated version of the popular *30,000 Selected Words* gives you more word lists than ever! A speech-language resource since 1978, this outstanding reference is a *must* for every communications professional. This alphabetical dictionary groups consonant sounds by initial, medial, and final positions and by consonant clusters/blends. You'll find medial and final sounds and blends not easily found in a standard dictionary, arranged by number of syllables (1 to 5) in each word.

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ASSESSMENT AND THERAPY PROGRAMME FOR DYSFLUENT CHILDREN

Lena Rustin

Parents' Workbook

Name .....

Originally published by The NFER-NELSON Publishing Company Ltd.
Darville House, 2 Oxford Road East
Windsor, Berkshire SL4 1DF, England

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Item #6493

Expectations

What do you expect *your child* to gain from this course?

What do *you* expect to gain from this course?

Stuttering: the facts

1. The predisposition to stutter is inherited, therefore stuttering may run in families.
2. Stuttering is, in the main, a disorder of childhood and onset is usually between two and five years of age.
3. Boys are affected more than girls.
4. Stutterers as a group are slightly less skilful with their speech motor processes; therefore the faster they try to talk, the more likely they are to stutter. This means that they need more time to coordinate all the muscles involved in speaking.
5. Stuttering is reported in all cultures and in all social groups.
6. Although no differences in personality factors are demonstrated amongst stutterers, they do show more difficulties with social adjustment.
7. The chances of overcoming stuttering are quite high in children and many have been shown to 'cure themselves'.
8. Parents do not 'cause' stuttering, but can help their child to become more fluent.

Brainstorming

1. Aim for quantity, not quality of ideas.
2. Let the mind wander, wild ideas often turn out to be the best.
3. Do not judge ideas, this can be sorted out later.
4. Build on the ideas of others.

Brainstorm: 'What do we need to do to become good communicators?'

Observation

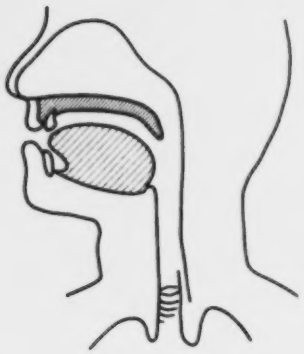
Brainstorm: 'Why is observation important in communication?'

What can observation tell us about other people?

How could I improve my observation skills?

Speech Production

What is normal speech?



Brainstorm: 'What can go wrong with speech production?'

Brainstorm: 'What is stuttering?'

Brainstorm: 'What can help fluency?'

Listening

Brainstorm: 'Why is listening important for good communication?'

What does listening involve?

What should I do when I listen to my child?

What can I do to improve my listening skills?

Praise

Brainstorm: 'What does praising involve and why is it important?'

How can I help build my child's self-confidence?

How can I do more praising at home?

Brainstorm: 'Different ways of saying "Well done!"'

Turn-taking

Brainstorm: 'Why is turn-taking important in communication?'

What does turn-taking involve?

How can I improve turn-taking in my own family?

Relaxation

Brainstorm: 'What makes us tense?'

Which parts of my body show tension? Note how often these behaviours occur:
Shoulders hunched up
Upper arms clenched to sides or arms folded tightly
Fingers clenched
Fingers fidgeting
Legs crossed tightly
Knees drawn together
Feet tapping/flexed
Back held forward or hunched when sitting
Teeth clenched together
Biting lip
Pulling eyebrows down into a frown
Breathing faster than normal
Butterflies
Shaking or trembling
Any other signs of physical tension

Brainstorm: 'Why is it important to be relaxed?'

Why is it important for my child to be relaxed?

What can I do to help us both be more relaxed?

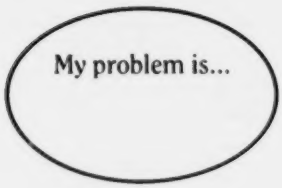
Discipline

Brainstorm: 'What should I do when my child misbehaves?'

Problem Solving

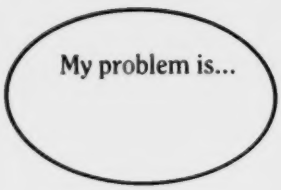
1. Place the problem in the circle.
2. Brainstorm alternative ways of managing the problem.
3. Eliminate those choices that are unsuitable.
4. Look at the outcomes of the remaining choices.
5. Arrange the remaining solutions in the order in which you would like to try them.
6. Try out the solution and assess its effectiveness.

Exercise



Solutions

Problem solving: My problem



Solutions

Family Session

During the family session we agreed:

Maintaining Fluency

Brainstorm: 'What to do when things go wrong following the course'

10

Thoughts on daily activities

Week One

Monday
Tuesday
Wednesday
Thursday
Friday

Week Two

Monday
Tuesday
Wednesday
Thursday
Friday

12

Advice to Parents

1. **Listening**
   It is important to listen carefully and pay attention to exactly *what* your child is saying, rather than *how* he is saying it. If you are busy and will not be able to give your full attention, tell your child you will listen to him when you have finished what your are doing, and be sure that you do so. If you find that when you are listening to your child he is becoming rather wordy and boring, point out to him the value of being brief and interesting.

2. **Time**
   Your child needs your time and you should try to give him your undivided attention on his own for at least five minutes a day. During this time, either have a general chat, use some of the games played on the course or play a game of the child's choice.

3. **Turn-taking**
   It is very important, especially in a busy, noisy household, that each child has the opportunity to have his 'say'. He needs to know that he will have a turn and that it will be someone else's turn after him. It is important both that he is sure of having time to talk *and* that he should know when it is time for him to stop and let someone else have a turn. Try to ensure that nobody (including yourself!) is allowed to interrupt during a person's turn to talk.

4. **Confidence and praise**
   Help build your child's confidence by making sure that at least once a day you praise him for doing something you approve of. For example, if he offers to help you do something, answer, 'thank you for offering....., you are a good boy'. This is very important as it makes your child feel good and helps him learn about the things that please you.

5. **Expectations**
   Be sure that you do not expect too much from your child, both in terms of fluency and in other areas. Try to keep realistic expectations, based on what you have learned during this course.

6. **Family discussions**
   Set aside a time once a week when the whole family can meet together for a general discussion. Each person should be allowed to express an opinion during this session and the problem solving technique may prove helpful where there are difficulties.

7. **Down times**
   There will be times when your child's speech deteriorates. You may or may not be able to find a reason for it. During such times you should:

   a) talk about the problem
   b) spend time with him
   c) practise with him
   d) contact your local therapist
   e) make sure that *you* are not slipping back, and check that you are supporting him in the ways we have suggested.

ASSESSMENT AND THERAPY PROGRAMME FOR DYSFLUENT CHILDREN

Lena Rustin

Children's Workbook

Name .....

Originally published by The NFER-NELSON Publishing Company Ltd.
Darville House, 2 Oxford Road East
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Expectations

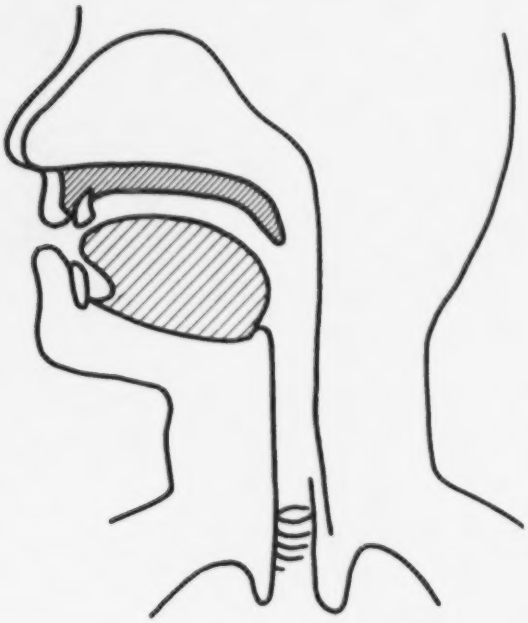
What do I want to achieve on this course?

Talking

Brainstorm: Talking

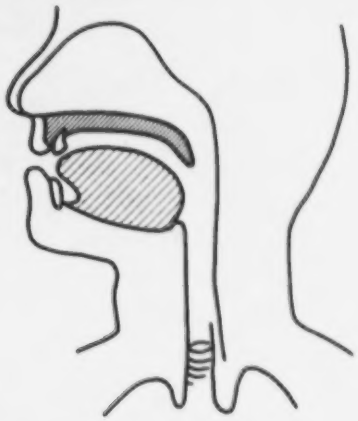
Speech Production

What is speech? How is speech made?



Brainstorm: 'What can go wrong with speech?'

My problem is . . .



What happens when I stutter?

What can I do about it?

What is fluency?

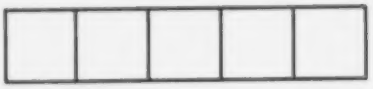
How can I be fluent?

Practising Fluency

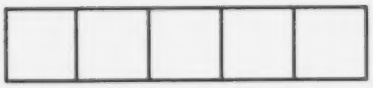
Modelling

The sequence to be followed is:
(a) therapist;
(b) therapist and child;
(c) child

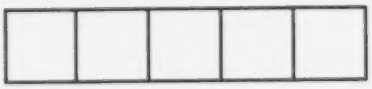
1 Single words



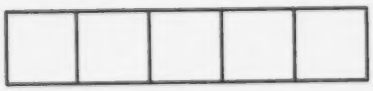
2 Two-word phrases



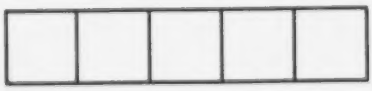
3 Three-word phrases



4 Four-word phrases



5 Five-word phrases



Fluency Stages

Stage One: Reading

1 One word

2 Two words at a time

3 Three words at a time

4 Four words at a time

5 Five words at a time

6 One sentence

Two sentences at a time

Three sentences at a time

Four sentences at a time

Five sentences at a time

7 Timed reading: 30 seconds

1 minute

1½ minutes

2 minutes

Stage One Complete

Stage Two: Picture Description or Monologue

1 Say one word

2 Say two words at a time

3 Say three words at a time

4 Say four words at a time

5 Say five words at a time

6 Say one sentence

Say two sentences at a time

Say three sentences at a time

Say four sentences at a time

Say five sentences at a time

7 Timed speech: 30 seconds

1 minute

1½ minutes

2 minutes

Stage Two Complete

Stage Three: Conversation

1 Say one word

2 Say two words at a time

3 Say three words at a time

4 Say four words at a time

5 Say five words at a time

6 Say one sentence

Say two sentences at a time

Say three sentences at a time

Say four sentences at a time

Say five sentences at a time

7 Timed speech: 30 seconds

1 minute

1½ minutes

2 minutes

Stage Three Complete

Relaxation

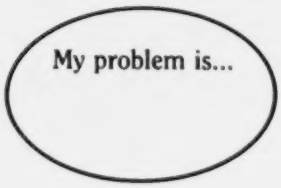
Brainstorm: 'What is relaxation?'

Why do I need to be relaxed?

What can I do to help myself be more relaxed?

10

Problem Solving



Solutions

Results

Family Meeting

During the family meeting I agreed to. . .

How to Stay Fluent

Brainstorm: 'How to stay fluent'

If my speech gets worse, what can I do to help myself?

Homework diary

	Week 1	Week 2
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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ASSESSMENT AND THERAPY
PROGRAMME FOR DYSFLUENT CHILDREN

Lena Rustin

Assessment Booklet

Child

Family name: .....

First name(s): .....

Sex: ..... Date of birth: ..... Age on date of interview: .....

School: .....

Home address: .....

.....

..... Tel: .....

Parents

Mother

Family name: .....

First name(s): .....

Address, if different from child's address: .....

.....

.....

..... Tel: .....

Father

Family name: .....

First name(s): .....

Interviewer: ..... Date: .....

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Item #6495

Parental Interview

Present Complaint

Detailed description of stuttering

How is the behaviour shown?

Date of onset?

Any major events at this time?

Frequency? Severity?

Context: When is the stutter worst?

When is the stutter least?

What do you do when your child stutters?

Mother:

Father:

Other members of family:

How does the stutter affect the family?

Why are you seeking help now?

Recent behaviour and emotional state

General health

Away from school? Stomach aches?

Asthma? Sight?

Headaches? Hearing?

Eating, sleeping and elimination

Eating difficulties at home or school?

Sleeping difficulties?

Nightmares? Talking in sleep?

Sleepwalking? Enuresis? Soiling?

Regular bowel movement?

Muscular system and concentration

Overactive or restless? Stay still if expected to? Fidgety?

Concentration? Longest time on something interesting?

Clumsiness? Preferred hand and foot?

Speech

Speak as well as others of same age? Difficulties in pronunciation?

Spontaneity of talking?

Tics and mannerisms

Twitches face or shoulders? Nail-biting?

Blinking? Headbanging?

Sucking thumb? Soft toy or blanket?

Attack disorders

Faints? Fits? Petit Mal?

Emotions

Happy or miserable? Crying?

Worried?

Irritable?

Temper? Fears? Sulking?

Tears on going to school? School refusal?

Fussy? Rituals?

Peer relationships

How does the child get on with other children?

Friends? See them outside school?

Prefers children of own age? Younger or older?

Girls or boys? Leader or follower?

Bully? Bullied? Fights?

Teased? Member of club?

Relationship with siblings

Position in the family?

Names and ages of siblings:

How do they get on? How is this shown?

Particularly attached to any sibling?

Squabbling? Who with?

Come to blows? Jealousy?

Do the siblings have any particular problems?

Relationship with adults

How does the child get on with:

mother?

father?

Which child in the family do you relate to more easily?

mother's reply:

father's reply:

How does the child compare with other children?

How is affection shown?

Is the child easy to get on with? Who does the child take after?

In what ways does the child get on your nerves?

mother's reply:

father's reply:

How does the child get on with other adults? With teachers?

Anti-social trends

Disobedient? Destructive?

Fire setting? Lies?

Stealing?

At home or outside? On own or with others?

Truanting? Run away?

Smoke? Drinks?

Drugs? Trouble with police?

Sex education

Interest in opposite sex?

Instructed in sex? Questions asked?

Masturbation? Menstruation?

Schooling

Which school/s attended (including nursery placement)?

Like it?

Progress: Reading?

Writing?

Other?

Reports?

Do parents see the teacher?

Family structure and history

How long married/together? Previous marriages/children?

Previous long-term relationships/children?

Mother's pregnancies, abortions, miscarriages or still births?

Children adopted or fostered? Number in home?

Personal background	Mother	Father
Place of birth		
Age		
Religion		
Occupation		
Education		
General health/illness		

Child Assessment

Family name: _____

First name(s): _____

Interviewer: _____ Date: _____

Child Interview

School

Attitude?

Teachers?

Friends? (Names)

What do you do with friends?

Subjects?

Favourite lessons?

Bullying?

Teasing?

Home

Get on with siblings?

Get on with parents?

Hobbies?

Pets?

How do you spend your evenings?

Member of clubs?

Favourite food?

Speech

Why do you think you have come here today?

Tell me about your speech.

When did the problem start?

What happens when you stutter?

When is it really bad?

When is it really good?

Is there anything you can do to help yourself?

Do you want help?

How would your life be different if you didn't stutter?

Concepts

Best thing ever happened?

Worst?

What do you do when you have a problem?

If there was one thing you could change in your life what would it be?

(Pull out these four pages.)

turn to page 4

Initial Assessment Form

Summary of Results *(Time should be converted to minutes, using round-up rules below*)*

Total stuttered words (SW) / Total time (minutes) = ____ stuttered words per minute (SW/M)

Total stuttered words (SW) / Total words spoken (WS) × 100/1 = ____ % stuttered words

Total words spoken (WS) / Total time (minutes) = ____ words spoken per minute (WS/M)

Type of Stutter *(Tick as applicable)*

whole word repetition (W/W) ☐ prolongation (P) ☐ other behaviour: ☐

part word repetition (P/W) ☐ struggle behaviour (S) ☐

Task	Automatic Speech	Echoic Speech	Reading (Optional)	Naming	Monologue	Questions	Conversation	Remarks
	Ask the child to: count to 20 name the days of the week recite a nursery rhyme	Say after me, one at a time, these words: tea men at hello coffee present enormous institution establishment occupational categorically come home the horse under the chair I want a biscuit it's a funny thing tomorrow we are going to the park	Ask the child to read aloud for two minutes	Ask the child to name 10 pictures	Talk to me about anything you like for two minutes (School, hobbies, holidays, pets, home, etc.)	What is your name? Where do you go to school/work? How do you get there? How many are there in your family? What can you tell me about them? Now you ask me five questions	Engage the child in conversation for two minutes	
Time (Seconds)								**Total Time (Secs)** / **Total Time (Mins)**
Stuttered Words								**Total Stuttered Words**
Words Spoken								**Total Words Spoken**

*Round-up rules for time: 7 to 22 secs = 0.25 min; 23 to 36 secs = 0.50 min; 37 to 52 secs = 0.75 min; 53 secs to 1 min. 6 secs = 1.0 min

Fluency Measurement Form

Occasion	Task	Time	S/W	W/S	Results			Therapist	Type of Stuttering				Comments
					SW/M	% SW	WS/M		W/W	P/W	P	S	
First day of the programme Date:	Reading	2'.0											
	Monologue	2'.0											
	Conversation	2'.0											
	Total	6'.0											
Last day Date:	Reading	2'.0											
	Monologue	2'.0											
	Conversation	2'.0											
	Total	6'.0											
6 weeks Date:	Reading	2'.0											
	Monologue	2'.0											
	Conversation	2'.0											
	Total	6'.0											
3 months Date:	Reading	2'.0											
	Monologue	2'.0											
	Conversation	2'.0											
	Total	6'.0											
6 months Date:	Reading	2'.0											
	Monologue	2'.0											
	Conversation	2'.0											
	Total	6'.0											
12 months Date:	Reading	2'.0											
	Monologue	2'.0											
	Conversation	2'.0											
	Total	6'.0											

Description of child

Physical appearance/maturity:

Right/left hand: Foot: Eye:

Dress:

Overall presentation:

Description of child's reaction to interview

Anxiety (facial expression, preoccupations, tearfulness, fears, worries, etc)

Tension (gripping hands, sitting stiffly on edge of chair, etc.)

Spontaneity of talk/rapport

Emotional expressiveness (happy, cooperative, uninhibited, non-commital, withdrawn, apathetic?)

Attention span and persistence

Gross activity level (hyperactivity, etc)

Fidgetiness (squirming, etc)

Habitual mannerisms

Modification of stuttering behaviour

Refer to audio cassette supplied with programme

Therapist reduces rate

Instructs child to say sentence fluently

One-word utterances

Therapist models: Slow rate:

Easy onset:

Soft contacts: Smooth speech:

Recommended technique:

Other problems

Sight Hearing

Language Speech

Psychological Others

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Personal background	Mother	Father
Description of personality		
Depression?		
Seen by psychiatrist?		
Difficulty learning to read or speak		
Emotional problems		
Stuttering (any treatment?)		
Left-handed		
Enuretic		
Alcoholism		
Epilepsy		
Court appearances		

Parents' family background	Mother	Father
Siblings		
Upbringing		

The child's grandparents	Maternal grandparents	Paternal grandparents
Occupation		
Current contact		
(Date and cause of death)		

Extended family issues	Mother's family	Father's family
Psychiatric treatment		
Depression		
Suicide/attempt		
Slow to speak		
Stuttering		
Difficulty learning to read		
Left handed		
Enuretic		
Mental illness		
Alcoholism		
Epilepsy		
Court appearances		

Home circumstances

House or flat? Number of bedrooms?

Sleeping arrangements? Others in home?

Finances

Any difficulties?

Neighbourhood

How long lived there? Do you like it?

Family life and relationships

Parental relationships

How do you get on?

Things enjoyed doing together?

How spend evenings and weekends?

Father's participation in child care and household tasks?

How would the child's life be different is he did not stutter?

How do parents resolve problems in the family?

Parent-child interaction

Activities child enjoys?

Go out together?

Play together?

Help with homework? Help make things?

Child's participation in family activities

Help with dressing? Feeding? Who helps?

Taken to school?

Does the child help with washing up, shopping, errands, etc?

Family relationships

Is the child a 'mother's child' or a 'father's child'?

Confide in father?

mother?

Attachment to other adults?

Discipline

Bedtime regulations (including time?)

Allowed to climb on furniture? Allowed to leave house without saying where going?

Restrictions on friends: Reading: TV:

Who reprimands?

What method of punishment is used?

Pocket money? Amount:

Child's developmental history

Pregnancy

Mother's health during pregnancy?

Home or hospital delivery?

Maturity? Birthweight?

Health after pregnancy?

Neonatal period

Difficulties breathing or sucking?

Convulsions? Jaundice?

Feeding

Breast or bottle? Weaning when? Introduction of solids?

Development in infancy

Placid or active? Crying? Response to mother?

Milestones

Sitting unsupported? Walking?

First words with meaning? First three-word phrases?

Comparison with siblings?

Any developmental problems?

Bladder and bowel control

When obtained?

Day: Night: Problems:

Illnesses

Ever been in hospital? In patient:

Outpatient:

Clinic: (a) Speech

(b) Child guidance

(c) Other, including accident and emergency

Serious illnesses?

Separations

Ever away from home without parents?

Apart from parents (holidays, hospitals, etc)

How looked after?

Reaction?

Other comments

Temperamental or personality attributes

Meeting new people

Adults? Children?

Go up to strangers?

Shy or clinging? How quickly does the child adapt to someone new?

New situations

Reaction to: (a) New places: does the child explore or hang back?

(b) New gadgets?

(c) New foods?

How quick to adapt?

Emotional expression

How vigorous in expression of feelings?

Sensitivity

How does the child respond if a person or an animal is hurt?

How does the child react if something goes wrong?

Additional comments

Note rate of parents' speech

Note future impending changes

How do parents resolve problems in the family?

Summary of issues

Management